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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

CONGESTION OF THE INTERNAL GENITALIA, AND HYPERTROPHY AND ANTEVERSION OF THE UTERUS.

By E. N. Chapman, M.A., M.D.,

Late Professor of Obstetrics, etc., in the Long Island College Hospital.

In the Reporter of the 11th of January and the 29th of March the writer presented two cases of uterine congestion, one attended with retroversion of the uterus, and hypertrophy and exfoliation of its corporeal mucous membrane, and one with anteversion of the uterus, and hypertrophy of its muscular walls. In the present number it is proposed to give the history of a third, similar in the main to the latter at the outset, that eventually, through the imprudence of the patient, assumed graver proportions by the morbid action extending to the ovaries and vagina, and implicating, more decidedly, the true uterine mucous membrane. This case, therefore, as it blends in one the prominent features of the two preceding, and also presents certain others due to the greater area of the disease, offers new clinical facts that are worthy of careful study, facts inexplicable by accepted theories, whether that based on the inflammatory, or that on the mechanical nature of this class of affections.

As remarked in connection with the previous cases, the uterus is so honeycombed with venous canals that, by the physiological afflux of blood, it increases in size during menstruation one-half or more, and during pregnancy many times beyond its ordinary dimensions. On the flow terminating, or the fœtus being expelled, then another vital law, the reverse of that by which the previous excitement was occasioned, comes into operation, and restores the bleeding, spongy tissues to their normal density, a condition in which the circulation is reduced to the simple requirements of nutrition. Uterine disease consisting, therefore, in a permanent activity of erectile vessels, is functional, not organic, is observed in the living but not in the dead subject, is induced by an imperfect monthly or puerperal involution, is perpetuated by the nervous and vascular excitement present during the menstrual interregnum, and is renewed by each fresh arrival of a period. This morbid state, which is *sui generis*, and has no resemblance, however slight, to congestion as seen in organs other than the genital, would be wholly incomprehensible were it not for the clue to the mystery afforded by the peculiarities of the structure and the function of the parts involved.

The uterus, ovaries, and vagina are linked together by branches from the same plexus of nerves, have the same system of erectile vessels, conspire to the same end, and obey the same physiological laws. Consequently a distinct pathology for each of these organs is impossible, as the congestion of one, two, or more is but varying gradations of a common morbid action. Even the cervical leucorrhœa and the vaginal mucous inflammation are results merely of a deep, underlying vascular excitement. This matter, as far as it concerns the ovaries, is set in the prope

light by the researches of Dr. Robert Lee, as follows:—"In another preparation before you, the blood vessels of the ovaria and fallopian tubes have been successfully injected. Numerous branches of arteries from the spermatics are seen proceeding to the tubes, and especially to their outer extremities, and forming complete loops or rings around them. Branches from the same arteries supply the ovaria. There is a plexus of great tortuous veins also seen extending between the base of the ovaria and the tubes, which are much larger than they would be if their sole function were to return the blood from the arteries to the tube. These veins probably answer the purpose of an erectile tissue, and cause the necessary approximation of the ovaria and tubes when conception takes place." The structure of the vagina is thus given by Cazeaux:—"The walls of the vagina are formed of an erectile, spongy tissue, interposed between two very strong fibrous laminæ, the external of which is the thicker; around the erectile tissue a condensed layer of moderate thickness is found, analogous to the structure of the dartos membrane. According to Kobelt, this erectile tissue is composed of several superposed layers of venous network, which proceed from the bulb, the finest ramifications extending into the mucous membrane. This true spongy body extends continuously through the entire limits of the vestibule and the vagina, and seems connected with the veins of the parenchyma of the uterus. The great vascularity of the walls of the vagina explains, to a certain extent, the dangers consequent upon their rupture."

During menstruation not only the uterine erectile tissue, but also the ovarian and vaginal is charged by an active inrushing tide of arterial blood. This determination, excited by the *vis a fronte*, has the uterus for a centre, and only becomes equally decided to the more distant points when from some unusual irritation the influx exceeds the capacity of the vessels that furnish the hemorrhagic flow. In such an emergency the web of veins at the bases of the ovaria and in the middle coat of the vagina become equally distended with those of the uterus, a degree of vascular repletion which is, though within the range of health, still on the verge of disease. If, however, at this the extreme point to which the monthly hyperæmia ever normally extends, a copious menorrhagia occur, then the veins will be unburdened, the nerves freed from their preternatural irritability, and the circulation restored to its usual force and volume. In other words, the erectile tissue of the ovaries and vagina will undergo an involution similar to, if not identical with that by which the calibre of the veins of the uterus is reduced to the intermenstrual standard. An incompleteness in this process, and the prolongation to the next period of a lessened grade of nerve-excitement and blood-supply, very much as though the monthly molimen was remittent instead of intermittent, is what the writer implies by the term congestion of the ovaries and vagina. This congestion may, like the uterine, persist an indefinite length of time, and yet not inflict sufficient permanent injury to forbid either a restoration to health, or even a possibility of conception, provided a treatment is instituted that will coincide with the natural efforts in affecting the monthly involution.

The physiological and pathological doctrines advocated above, and reiterated time and again in the writer's published opinions, are certainly definite and positive enough to excite the attention of the most heedless and superficial, and yet he is represented as asserting that the uterus, ovaries, and vagina are congested like other organs, and that this congestion, however severe, extensive, and long continued, never runs into inflammation. On the contrary, he maintains that the internal genitalia are as exempt from an ordinary congestion, to which the lungs, for example, are liable, as from inflammation, the one being but the forerunner of the other, and both only different stages of the same morbid state.

To fully comprehend the nature of anteversion of the uterus, it is necessary to recall the anatomical relations of the bones and contents of the pelvis. These relations have, in the opinion of most obstetrical writers, been accurately determined by the researches of Nægèle, who has shown that the sacro-vertebral prominence is nearly four inches higher than the superior margin of the ossa pubis, that the point of the coccyx is more than half an inch above the crescentic edge of the sub-pubic ligament, that the plane of the superior strait strikes a horizontal line at an angle of 60°, that the axis of this plane emerges above at the umbilicus and infringes below on the coccyx, and that the long diameter of the uterus is coincident with this axis. Hence it follows

from this deflexion of the uterine axis from the perpendicular line, representing the axis of the body, that the normal position of the womb is one of semi-anteversion, and from this disposition of the bones and soft parts of the pelvis, that the force of gravity falls upon the bladder, which being a fixed organ, is so well fitted to give the needed support. The inclination of the uterus is insured permanently by the round ligaments which tether the fundus forward and downward, and by the utero-sacral ligaments, which sling the cervix upward and backward.

If the uterus be materially increased in bulk, whether from pregnancy, polypus, or benign disease, its fundus will be raised above the superior strait and depressed to a still lower level, and its cervix thrown towards the sacrum and elevated to a higher point. Now the weight being augmented and superimposed more directly on the bladder, its capacity is diminished and its office impaired. The condition being the same in each case, whatever the cause of the hypertrophy, permanent relief is attainable by one means only, the reduction of the uterus to its original size. The child being born, the polypus removed, or the congestion subdued, the uterus undergoes a like process of involution and rehabilitation, and then the bladder will, since it has suffered no detriment, support its reduced burden as readily as at any previous time. Any plan of treatment, however specious in theory or popular with authors, that does not aim to effect a cure as radical as this, is poor and paltry, and falls far below the requirements of scientific medicine.

Case.—Mrs. S., a widow, 32 years of age, who had had seven children but no miscarriages, came under local treatment for uterine disease the 26th of January, 1870. She enjoyed good health previous to her last confinement, two years since, but began shortly after, and particularly on the return of menstruation at the end of the third month, to be troubled with certain constitutional disorders and a profuse menorrhagic flow. The local treatment having, hitherto, been declined, which is, in the observation of the patient, always tedious and seldom beneficial, the general was necessarily resorted to several months, but unsuccessfully, as the old symptoms continued without abatement, and new arose, of still greater severity, one of which, by exciting alarm, convinced her that more efficient means were needed to reach the seat of her disease.

At first she had rheumatic, combined with neuralgic, pains in various parts of the body, chest, temples, knees, arms, etc.; was weak and anæmic, and suffered from a qualmish stomach, a capricious appetite, and a sluggish digestion, and then she began to experience nausea in the morning, similar to that which had been usual to her at an early stage of utero-gestation, and to have occasional attacks of diarrhœa that came and went without apparent cause. The past summer these attacks becoming more frequent, assumed gradually a more dysenteric character—small mucous stools and forcing, tenesmetic efforts. This irritability was after a while subdued, and yet the cure was far from being satisfactory, as any deviation, however slight, from the most simple food invariably excited indigestion, flatulence, tormina, and diarrhœa. With the cooler weather of autumn, however, these symptoms abated, but were soon followed by others that, by their constant recurrence at stated intervals, awakened still more the patient's apprehensions. Now, in addition to errors of diet, it was observed that the intestinal disorders had a direct connection with the presence of the catamenia, and, in spite of every precaution, culminated on their subsidence in loose, watery passages. At the periods there began, about the same time, to be felt in the orbit of each eye a dull, aching, gnawing pain. Eventually, as this pain became more intense, the blurring of all minute objects rendered reading and sewing impracticable, and the greater suffering at night forbade sleep, except when she was under the influence of an anodyne. The eye-balls were sensitive to pressure, and the conjunctivæ, though but slightly injected, so irritable that an infusion of sassafras pith, sugar of lead, and powdered opium could not be tolerated. This affection, a rheumatico-neuralgic state of the muscular and fibrous structures of the eyes, as it appeared, began the second or third day of menstruation, abated with the decline of the discharge, and ceased the fifth or sixth after its completion. The various remedies used to combat these gastro-intestinal and nervous conditions seemed at the time to achieve a remarkable success, and yet the improvement always proved deceptive, as the next return of the monthly *foyer* was sure to renew the old trouble in one or all of

its manifestations. When these sympathetic disorders, above mentioned, had acquired force and intensity, others, involving the breasts, began to attract attention. They became, at the approach and during the progress of the flow, the seat of shooting pains, and were swollen, nodulated and intolerant of pressure.

Whilst the general system was, as suspected, thus perturbed by the generative, the pelvic symptoms were light, and not at all significant of any serious morbid action, if the perversion of the catamenia be excepted, which were painful, profuse, clotted, too frequent, and prolonged from six to eight days. Even a leucorrhœa, which is almost uniformly an attendant on uterine disease, was absent the entire interval of menstruation, save a day or two at its close, when the red was supplemented by a white discharge. During the periods there were weight and pressure in the excavation, pain in the lumbo-sacral region, and over the wing of the left iliac bone, and pain and tenderness above the pubes; but at all other times the freedom from all pelvic discomfort was well-nigh complete. At least, any local disorders, if present, attracted so little notice as to be disregarded in the disturbance excited by the greater intensity of the constitutional. An irritability, however, of the bladder, a weakness that subsequently occasioned the patient considerable annoyance, was noticed from the fact, more especially, that she had frequent calls to urinate, and often wet her underclothes whilst taking active exercise.

Examination by Touch.—The cervix looks to the third bone of the sacrum and the fundus to the midpoint between the umbilicus and the pubes. The uterus is more than twice its natural size, and presents its entire anterior face to the finger.

Examination by Speculum.—The uterus is so decidedly anteverted that some little difficulty is experienced in bringing the os uteri well into the field of vision. The employment of a large speculum as a dilator, to unfold the flabby vaginal walls, and of the sound as a tractor to draw the cervix downward and forward, being successful, it is found that the cervix is sensitive, voluminous, and rounded, has a puffy, œdematous appearance, and presents a surface injected unevenly with arterial and venous blood, the outer portion being of a deeper and the inner of a brighter color; that the os is large, circular, and surrounded by a defined red margin, a line or more in width; and that the epithelium is not abraded, or the secretion of the Nabothean glands in excess. The vagina is not inflamed, but has, at its upper segment, a darker hue than normal, from the fullness of the underlying erectile vessels.

For the reasons given at length in the case reported last March the opinion was adopted that this also was one of hypertrophy and anteversion, with, perhaps, a more positive implication of the true uterine mucous membrane, a fact shown presumptively by the excessive flow at the periods.

January 26th to March 28th. Applied a leech at four operations, and resorted to puncture and scarification at three. In February the courses were very scanty and brief, being mostly mucus tinged with blood, and lasting two days only. In March, the week previous to the last date, they were profuse, and clotted like a flooding, and attended with fever, pressure, and tension in the pelvis, pain in the back, over the hips and down the legs posteriorly, and tenderness and hardness at the lower front portion of the abdomen, symptoms indicative of a sudden and active congestion of the uterine organs. This attack, with another similar but lighter at the next period, both of which occasioned great debility, and for a time interrupted the local treatment, was induced by the patient, the first day of menstruation, visiting Albany, and being many hours on her feet. By this indiscretion, that intensified the old symptoms, and from the greater extent and intensity of the disease added new, seeing that now the ovaries and corporeal mucous membrane, as well as the muscular walls of the uterus, were involved, the patient gained that personal experience which, though bitter, was of advantage, since it led her to act in future with greater caution and judgment. On the local treatment being resumed it was found, by the several modes of examination previously instituted, that the bulk, sensibility, and deviation of the uterus were increased; that the cervix was carried more upward and backward; that hardness, tenderness, and swelling existed at the iliac and hypogastric regions; that the cervical glands did not elaborate a perceptible secretion, and that the vaginal mucous membrane was inflamed and the seat of an epithelial desquamation and a serous transuda-

tion. The hypertrophy and anteversion being more pronounced than formerly, the irritability of the bladder and the incontinence of the urine gave still greater annoyance.

June 2d to November 1st. Punctured and scarified eleven times. During this interval considerable progress was made, but still the menorrhagia persisting was the source of much anxiety, as it seemed to indicate a forming polypoid growth in the uterine cavity. Inasmuch, however, as the neuralgia of the eyes and irritation of the breasts had disappeared, the gastric and intestinal disorders abated, and the congestion and enlargement of the uterus decreased, it was not deemed expedient to test the fact by the introduction of the sound or the dilatation of the inner cervix. Besides, from the regularity and uniformity of the catamenia, the presence of a polypus, even in the formative stage, was improbable.

On the 15th of November, as the menses, which had been but moderately excessive, were about to cease, the patient was attacked with fever, a swollen, tender state of the bowels, and frequent tenesmetic passages. The disease rapidly assuming a low type soon produced the most profound prostration. On the fourth day patches of diphtheritic exudation appeared on the inside of the lips and cheeks, and then after spreading over the mouth and coating the pharynx passed down the œsophagus to the stomach. The skin had a cyanozed look, the pulse was weak, rapid, and uncertain, and the nerve-centres seemed oppressed by a morbific agent, very much as is observed in typhus fever. Yet, notwithstanding this, terrible array of untoward symptoms that foreboded an utter prostration of the life-force, the disease was promptly and thoroughly mastered by stimulants, tonics, and nutrients. The exudation, which was very thick and exceedingly offensive, on being detached, carried the epithelium with it, thus leaving the papillæ of the tongue bare. The sense of taste was abolished and a feeling of pain excited by the presence of the blandest food in the mouth and by its passage to the stomach. As a result of this illness, which greatly impoverished the blood and weakened the nerves, topical means were omitted and not resumed until the 6th of March.

March 6th to January 28th. Punctured and scarified eight times, and also, at three or four of the latter operations applied a forty-grain solution of the nitrate of silver. The monthly hemorrhage, which gradually lessened during the time included above, was even, on two occasions, too scanty in amount and too short in duration. This change in the menses, when they are about to become normal, is not infrequently observed in cases of menorrhagia, arising from a chronic repletion of the uterine blood-vessels. The hypertrophy, anteversion, and signs of congestion were less pronounced and the health had much improved, but still the digestive organs were weak and easily disturbed.

November 20th, 1871, to January 24th, 1872. The operations, which had purposely been discontinued during the warm weather, were again resumed, and puncture, scarification, and the application of the nitrate of silver in solution employed six times. At this period the uterus had returned to its proper size, but was still decidedly anteverted. There was, however, notwithstanding the continuance of the malposition with but slight modification, neither weakness nor irritability of the bladder, nor pain or pressure in the pelvis. Indeed, all symptoms, either of congestion or displacement, had disappeared, if a somewhat more free and prolonged menstruation than is desirable be excepted. As the patient, though she had greatly improved in health, had not fully regained her weight, color, and strength, general remedies, of a tonic character more especially, were given at this and for some time after the operations were no longer necessary. By reason, also, of the indigestion, flatulence and diarrhœa, that were still, at the slightest provocation, reëxcited, the stomach and bowels demanded constant surveillance and occasional interference.

May 1st, 1873. Mrs. S. is now perfectly well in every particular, as well as at any previous period of her life, and has gained several pounds more than her standard weight. There is no pelvic disorder, even a leucorrhœal discharge, menstrual irregularity, or urinary disturbance remaining to remind her of this long and serious illness. The only evidence of imperfect health discoverable is the weakness of the digestive organs; that is still troublesome when dietetic regulations are disregarded. This, a dyspeptic condition, will, it is thought, since the symptoms have the last few months constantly decreased in duration and frequency, entirely disappear if the opportunity is al-

lowed to the gastric nerves to regain their tonicity.

Commentary.—This case presents several points of clinical interest that are worthy of more than a passing notice. If, as recommended by specialists, the writer had, in making a diagnosis and conducting the treatment, employed the sound or probe to determine the depth and direction of the uterine cavity, and thus estimate the size and deviation of the uterus; or the sponge or laminaria tents to dilate the cervical canal, and thus bring the corporeal mucous membrane within the reach of topical treatment; or the *curette* or *porte caustique* to scoop out fungosities or eat away inflamed tissues, and thus change an unhealthy to a healthy state; or the stem or lever pessary, to maintain the womb at a certain inclination, and thus disperse the engorgement that is due to and aggravated by the displacement, there is little doubt but that the disease would, instead of being subdued, have been greatly intensified, and the patient would, instead of being restored to health, have been reduced to a more miserable plight, and perhaps placed in imminent danger.

To say nothing of the lesser evils which would of a certainty be induced by these violent and hazardous modes of procedure, that are so generally adopted without hesitation and enforced without misgivings, some patients succumb to factitious inflammations, and many to intercurrent diseases, the seeds of which are quickened into life in a weakened and depraved state of the system. Even a simple menorrhagia, that is more or less excessive proportionate to the fullness of the erectile vessels, and so seldom serious when judiciously managed, will scarcely fail, under the stimulus of such unnatural irritants, to claim occasional victims, or, at least, to open the way to less remediable ailments. Indeed, the milder of the means put in force, the dilatation of the inner cervix by tents passed through the os internum into the true uterine cavity, has resulted in pelvic cellulitis and death. Two such cases are reported by a distinguished professor—a candor that does him great credit; one happened in the practice of a friend of the writer, and many of which nothing is ever heard have, doubtless, occurred to others adopting this the surgical treatment of uterine disease; a treatment founded on an assumed pathology, and carried out by destructive agents and reckless operations, that could not be successful were the disease as supposed. Even Dr. James Henry Bennett stands back aghast at modern *progress*, and feels called upon to enter a protest against the principles, and a disclaimer against the practice of his quondam disciples. Indeed, "Uterine Surgery," as is patent to the most heedless observer, violates the Golden Rule, and stands self-convicted, inasmuch as no specialist would submit his wife to the treatment he enforces so boldly and persistently in the case of other women. In fact the results from all this burning and cutting, and this probing and bracing are unsatisfactory. To-day one application, one operation, or one pessary is extolled, and to-morrow another usurps its place, and yet for a brief time only, as it is soon ousted by a new claimant. Thus it happens that nothing is certain and fixed, and that each bolder expedient is, from the general lack of success, seized upon with a certain nervous avidity and blind faith.

The common history of hundreds of women is sketched in that unlucky subject of womb disease, who, like her Scriptural prototype, "had spent all her living upon physicians, neither could be healed of any." For more than three years, as was told to the writer, she had been treated by four specialists in succession, at an expense in cash of fourteen hundred dollars, and in health of a marked aggravation of all her symptoms. The first uterine surgeon probed the uterus, dilated the cervix, and applied alteratives and escharotics to the corporeal mucous membrane; the second resorted to general remedies, vaginal douches and prosthetæ of cotton soaked in glycerine; the third, like the first, probed, dilated, and cauterized, and then betook himself to uterine injections and Hodge's pessary; and the fourth, like the first and third, had but just commenced the stereotyped plan, and hinted, should no fibroids or fungous granulations be found, that it would be necessary to amputate the cervix. Can surgery do more? Can specialists better confess their gross, blundering, arrant folly, and impotent conclusions? Now, certainly, after such long and fruitless efforts to cure the inflammation, the whole matter is settled at last by removing the offending member, and thus rendering cervicitis and endocervicitis impossible. What will be done with the seared and mutilated stump time alone will disclose.

Translation.

CONCERNING THE CHOICE OF THE PLACE OF INCISION IN THE MEMBRANA TYMPANI FOR THE OPERATION OF TENOTOMY OF THE TENSOR-TYMPANI.

By Prof. Joseph Gruber, M. D.,
Aural Surgeon to the General Hospital in Vienna.

(*Translated from the "Monatsschrift für Ohrenheilkunde. Berlin, April,* 1873.)

By Chas. S. Turnbull, M. D.,
Of Philadelphia,
Resident Assistant Surgeon to the New York Ophthalmic and Aural Institute.

All authors who have contributed to the literature of this subject, at the head of which stands F. E. Weber (Weber—Liel), whom we must thank for this interesting addition to operative otology, agree that the anterior segment is the best place for making the incision for tenotomy, in front of the handle of the malleus, through the anterior segment.

Weber* makes the incision about 1 to 1½ mm. in front of the malleus, a little to one side, and below the short process.

Carl Frank† says, under favorable conditions of the bony wall, and sufficient area of the membrana, the method of Weber is to be recommended in all its details.

Even if the anatomical relations are unfavorable, viz., when the meatus is very narrow the anterior wall, as is often the case, appears to bulge into the lumen of the canal, Frank still recommends the method of Weber, but supplies a simpler instrument for tenotomy, which he introduces through the anterior segment of the membrana, as described in his work.

In my first article published on this subject I answered the following question:—‡ In what portion of the membrana must the incision be made in order most easily to reach the tendon of the tensor-tympani muscle?

In this manner I would consider, as doing the incision is in front of the handle of the malleus, in the anterior segment, but Weber, the most practical position for makmany possible complications, and slight individual conditions, will influence the choice of the field of operation.

Apart from the consideration that, as I have more fully explained in the above-cited paper, such a method of operation is best calculated to avoid injuries to important parts, there is another indication for the selection of this point in the fact that the tendon of the tensor-tympani, as I first taught, and as Weber has lately confirmed, is that the tendon of the tensor-tympani muscle is not only, as formerly described, inserted into the medial edge, but also on the anterior surface of the handle of the malleus, where the tendon is most easily reached through the anterior segment of the membrana, especially by using my simple tenotome, which I think has some advantages over Weber's* very ingeniously constructed instrument.

Frequent examinations, and much practice upon the cadaver, with clinical observations and experiments lately, particularly made in cases where I have operated, have now taught me that my first statements about this method were perfectly correct, and I am now able to furnish some more definite data respecting the choice of the place of incision in the membrana.

In the first place the position of the handle of the malleus is of great value in almost every case, as it determines the choice of the field of operation. I am now fully convinced that this position leads us to infer, with sufficient certainty, the course of the tendon, providing other complicated conditions do not intervene.

In explanation of the above mentioned course I offer the following. If we examine a number of macerated temporal bones, especially those in which the ossicles remain in their natural position, we will be convinced that the "rostrum cochleare" around which plays the tendon in order to be inserted into the handle of the malleus at the end of the septum canalis musculo tubarii does not always terminate on the same point on the wall of the labyrinth, but this septum sometimes extends more or less above the oval window towards the posterior wall of the tympanum.

In most of the temporal bones examined the semi-canalis of the tensor tympani muscle terminated about the middle of the

* See *Monatsschrift für Ohrenheilkunde*, Jahrg. VI (1872), No. 1 und No. 12, 1868.
† See *Monatsschrift für Ohrenheilkunde*, Jahrg. VI (1872), No. 7.
‡ See *Wiener Allgemeine medicinische Zeitung* (1872) No. 8 u. ff.

* See F. E. Weber, *Monatsschrift für Ohrenheilkunde*, Jahrg. VI (1872), No. 10. Translated by Dr. L. Turnbull, *Medical and Surgical Reporter*, Phila., March 22, 1873.

upper edge of the oval window, and in some cases it reached as far as the posterior half of the edge, and in only a few cases it did not reach the middle.

Though individual differences exist, we still see, when the parts concerned are preserved in situ-naturali, in the fresh temporal bones, or when in macerated ones we unite by an imaginary line the two points which are connected by the tensor-tympani, the rostrum and the handle of the malleus, that the tendon does not take in its course the direction as is generally given from within outward; but that the tendon in most cases, in order to reach its insertion, should go from above, behind and within, in a direction downward, forward and outward; and it rarely takes the direction given it by the older anatomists.

As a consequence the effect of a contraction of the tensor-tympani muscle must manifest itself differently according to the course and insertion of the tendon into the handle of the malleus; hence we see so great a variety in the position of the handle and also in the condition of the membrana, caused by the contraction or what is equivalent, the retraction of the tendon.

The extremes of this great variety of appearances, caused by a sudden contraction, relatively retraction, are given in these two positions of the handle of the malleus; one of these positions we will designate as *the handle of the malleus appears directly drawn inward and apparently shortened*, whereby the membrana presents its greatest concavity outward; while the other extreme is that position of the handle of the malleus in which it is drawn rather *backward than inward, more or less in the horizontal plane from before backward.* In the latter case the relations of the two segments are strikingly altered, for the posterior segment appears smaller in proportion as the handle is drawn backward, while the anterior segment is apparently or actually larger.

It needs no further explanation, for when these abnormal positions of the handle of the malleus depend immediately upon the course and insertion of the tendon, we can infer from the position of the handle the course and insertion of the tendon. If, for example, the handle is drawn directly inward, we can assume that the "rostrum cochleare" is situated nearer the anterior segment of the wall of the labyrinth, therefore the tendon runs more directly from within outward; while, when the malleus is drawn far back the rostrum is certainly situated farther behind on the inner wall of the tympanum, and the tendon takes the direction from behind, within and above, forward, outward and downward.*

Having thus carefully weighed the subject, we can easily infer, in any given case, from which place we can best reach it. *It therefore follows that a general rule cannot be established, but in making tenotomy, the condition of the membrana, and especially the position of the handle of the malleus, must determine the choice of the field of operation.*†

Medical Societies.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Medical Society of the State of Pennsylvania met in the Court House at Carlisle, June 11th, 1873, at 11 A. M.

The President, Dr. A. M. Pollock, of Pittsburgh, occupied the chair, supported by Vice Presidents, Drs. W. L. Atlee, of Philadelphia, R. Crawford, of Franklin, and W. W. Dale, of Carlisle.

The Permanent Secretary, Dr. Wm. B. Atkinson, of Philadelphia, the Assistant Secretary, Dr. S. B. Kieffer, of Carlisle, and the Corresponding Secretary, Dr. T. M. Drysdale, of Philadelphia, were also present.

The meeting was opened with prayer by Rev. Charles S. Albert, of Carlisle.

Dr. S. B. Kieffer, of Carlisle, then delivered the address of welcome to the delegates.

On motion of Dr. J. G. Stetler, of Philadelphia, the reading of the minutes of the last session was dispensed with, and a committee of three was appointed to report any unfinished business.

Committee—Drs. Stetler, T. Green, of Easton; T. Lyon, of Williamsport.

The Corresponding Secretary, Dr. T. M. Drysdale, of Philadelphia, read a report from the Censors in relation to Dr. Ehler, of Lancaster county.

On motion of Dr. J. L. Atlee, of Lancaster, it was laid on the table.

The Censors also presented a petition, asking that a report presented by them in 1871, at the meeting at Williamsport, should be published with the forthcoming volume of Transactions.

* As a matter of course, I do not take into account all possible but unusual individual peculiarities and complications, which may exert an influence upon the excursions of the handle. Many or them exert a decisive influence, but their diagnosis is not difficult, and the practitioner can easily estimate their value.

† I have frequently been able to see the tendon through the posterior segment of a transparent membrane, and in a case recently operated upon by me before my class the tendon was very easily recognized.

A motion was made by Dr. Hellyer, of Philadelphia, that this report be referred to the Committee of Publication, pending action on which the Society adjourned until afternoon.

AFTERNOON SESSION.

The Society assembled at 1½ o'clock. The President in the chair.

On motion of Dr. D. D. Hays, Dr. I. N. Heims, of Cleveland Medical College, was invited to a seat with the Society.

The minutes of the morning session were read and approved.

On motion of Dr. Stetler, the various County delegates were requested to meet this evening, and select their member of the Nominating Committee.

Dr. J. L. Atlee offered the following amendment to the Constitution :—

Amend Article IV, Section 5, line 5, by inserting "reported to the State Medical Society at its next meeting, for final action."

As this was objected to by Dr. Hiram Corson, of Conshohocken, it was necessarily laid over one year.

The President now called up the motion of Dr. Hellyer, pending from the morning session.

By request the Permanent Secretary read the paper proposed to be published.

The motion to publish was then adopted by 35 yeas to 17 nays.

The following telegram, from the Ohio State Medical Society, was received:—

"COLUMBUS, O., June 11th, 1873.

"The Ohio State Medical Society now in session, sends greeting.

"A. B. JONES, President."

On motion the Permanent Secretary was directed to respond.

Dr. R. L. Sibbet, of Carlisle, offered the following:—

Whereas, In the State of Pennsylvania many persons are engaged in the practice of Medicine and Surgery who are wholly disqualified for such responsible work, never having studied Medicine or Surgery regularly with any preceptor, nor attended lectures in any respectable Medical School recognized by law;

And whereas, The existing enactments on our statute books, designed to protect the people of a *few counties* from the imposition of money-loving medical pretenders, and a noble profession from falling into disrepute, are so imperfect as to be inefficient in many cases; and as there is reason to believe that more efficient and general legislation on this subject, especially if presented by this society, might now be obtained, therefore

Resolved, That a Committee, consisting of one permanent member or delegate from each County Society here represented, be appointed, whose duty it shall be to draft a bill for the regulation of the practice of Medicine and Surgery in our State, and report the same as soon as possible, for consideration and adoption by this Society.

On motion of Dr. J. E. Bulkeley, of Wilkesbarre, the preamble and resolution were unanimously adopted.

The President appointed the following as the Committee :—

R. L. Sibbet, Cumberland county, Chairman; G. D. Bruce, Allegheny; Jos. Coblentz, Berks; Edw. Mills, Bradford; C. Irwin, Blair; D. Best, Crawford; C. A. Rahter, Dauphin; J. L. Stewart, Erie; J. S. Crawford, Lycoming; John L. Atlee, Lancaster; J. E. Bulkeley, Luzerne; E. Griswold, Mercer; T. Green, Northampton; W. R. Cisna, Perry; J. G. Stetler, Philadelphia; J. F. Treichler, Schuylkill; C. W. Brown, Tioga; R. Crawford, Venango; S. L. Blachly, Washington; T. J. Hollahan, York.

On motion of Dr. N. McDonald, of Pittsburgh, the action by which the Report of the Censors in 1871 was ordered to be published was reconsidered.

The motion to publish was again voted upon, with two votes only in the negative.

At the request of Dr. H. Corson, the President gave his decision as to the power of the Censors in such cases, which was as follows:—

"I decide that the Censors have the power to restore a member who has been suspended or expelled to good standing, and that a report adverse to the action of the County Society in suspending or expelling a member would restore him to good standing."

Dr. E. A. Wood, of Pittsburgh, moved that the report of the Censors in the case of Dr. Ehler be referred again to the Censors.

The President declared the motion out of order.

Dr. W. T. Taylor, of Philadelphia, moved that the whole matter be referred to the Lancaster County Medical Society for adjudication.

The President declared this out of order.

Dr. Stetler then offered the following:—

Resolved, That the report of the Censors on the appeal of Dr. J. Aug. Ehler from the Lancaster County Medical Society be sustained and declared valid and final, and as establishing the good standing of said J. Aug. Ehler in the Lancaster County Medical Society.

This was negatived by a decided vote.

Dr. Wood protested against the decision of the Chair as recorded above, regarding it as a wrong to the Lancaster County Medical Society.

Dr. J. L. Atlee, of Lancaster, now appealed from this decision of the Chair.

The appeal was put by the Vice-President and the Chair was sustained.

The Censors, by Dr. H. Corson, now offered a protest, which was read by the Corresponding Secretary, but after some debate it was withdrawn by Dr. Corson.

Dr. E. A. Wood now moved that that portion of the proceedings of the meeting of this Society held in Franklin, 1872, relating to this case, by which the Lancaster County Society was unanimously sustained, be *expunged*.

Dr. J. G. Stetler moved to substitute the

word *rescinded*, which was accepted by Dr. Wood.

On a motion of Dr. Orris, that the whole matter be indefinitely postponed, Dr. J. L. Stewart, of Erie, called the previous question, but the call was not sustained.

On motion of Dr. R. L. Sibbet, the whole subject was laid upon the table.

On motion of Dr. C. W. Brown, of Tioga, it was unanimously

Resolved, That as the charges brought before this Society, at Franklin, against the Tioga County Medical Society, and referred to the Censors of that District, have not been sustained, therefore these charges shall be dropped.

The Corresponding Secretary read a report from the Blair County Medical Society notifying him of the expulsion of Dr. W. R. Findley from that Society.

On motion of Dr. Stetler it was received and ordered to be entered on the minutes.

Reports from County Societies being in order, reports were received from Allegheny, Northampton, Tioga, Clearfield, Fayette, and others.

A portion of the report from Philadelphia county was read by Dr. Lee.

On motion these reports were referred to the Committee of Publication.

Dr. L. Turnbull read a paper on Diseases of the Ear, and offered certain resolutions urging the establishment of an institution for Deaf Mutes in the western part of the State. On motion of Dr. J. L. Atlee these resolutions were adopted.

The President appointed as the committee to attend to this matter, Drs. L. Turnbull, of Philadelphia, J. Curwen, Harrisburg, W. J. Gilmore, of Pittsburg, and T. McKennan, of Washington.

By request the name of Dr. A. M. Pollock, the President, was added.

The subject of these affections was discussed by Drs. Atlee, H. Corson, Lee, Turnbull, and others.

The hour of adjournment having arrived the subject was postponed for the present.

EVENING SESSION.

Vice-President Dr. W. L. Atlee in the Chair.

The President then delivered the annual address. On motion of Dr. W. W. Dale, of Carlisle, thanks were tendered the President for his able address, and on motion of Dr. Stetler it was referred to the Committee of Publication.

The following were announced as constituting the Committee on Nominations:—

N. McDonald, Allegheny; Jos. Coblentz, Berks; C. Irwin, Blair; E. Mills, Bradford; W. A. Means, Clearfield; J. B. Barton, Columbia and Montour; D. Best, Crawford; W. G. Stewart, Cumberland; C. A. Rahter, Dauphin; J. L. Stewart, Erie; J. M. Snyder, Fayette; I. N. Snively, Franklin; J. W. Hughes, Indiana; B. Leaman, Lancaster; J. E. Bulkeley, Luzerne; T. Lyon, Lycoming; E. Griswold, Mercer; H. Corson, Montgomery; T. Green, Northampton; W. R. Cisna, Perry; H. St. C. Ash, Philadelphia; J. F. Treichler, Schuylkill; A. T. Brundage, Susquehanna; C. W. Brown, Tioga; T. McKennan, Washington; R. Crawford, Venango.

On motion this committee was ordered to meet at 8 A.M. on Thursday.

Adjourned.

THURSDAY, JUNE 12.

The President called the Society to order at 9½ A.M.

The minutes were read and approved.

An invitation to visit Dickinson College was received and thanks returned.

Dr. S. Caro, representative from the New York State Medical Society, was introduced and addressed the Society.

The Committee on Legislation against Quackery reported progress.

Dr. J. Curwen, of Harrisburg, chairman of the Committee on a New Hospital for the Insane, presented his report, which was received and the Committee discharged.

Dr. Curwen, chairman of the Committee to Revise the Censorial Districts, presented a report, and also a minority report by Dr. Leasure.

On motion of Dr. Stetler both reports were received and entered upon the minutes, and were laid over till next year to give time for a mature deliberation of the subject by the Society.

On motion of Dr. Curwen it was unanimously

Resolved, That a Committee of seven be appointed to memorialize the State Legislature in reference to the proper care and treatment of insane criminals.

Committee—Drs. Curwen, T. Green, of Easton; J. L. Stewart, of Erie; J. S. Crawford, of Williamsport; R. Clark, of Antistown; T. McKennan, of Washington; and W. L. Atlee, of Philadelphia.

Dr. A. Harshberger, of Mifflin county, was invited to a seat with the Society.

Dr. J. M. Snyder offered the following:—

In order to facilitate business and advance the interest of the Medical Society of the State of Pennsylvania, be it

Resolved, That no member of this Society be permitted to speak more than once on the same subject before other members have spoken, and no member be allowed to speak more than five minutes, and only twice on the same subject.

A motion by Dr. Stetler, to lay on the table, was negatived.

A motion by Dr. Gammage, to amend by saying ten minutes, was negatived.

The resolution was finally rejected by a vote of 20 yeas to 21 nays.

Dr. B. Lee, of Philadelphia, presented the report on compulsory vaccination.

On motion of Dr. Green the report was received and referred to the Committee of Publication, and the Committee was continued.

The Committee on Nominations presented a partial report as follows:—

President, Dr. S. B. Kieffer, of Carlisle; Vice-Presidents, Drs. S. L. Blachley, of Washington;

J. E. Bulkeley, of Wilkesbarre; T. Helsby, of Williamsport; John Montgomery, of Chambersburg; Corresponding Secretary, Dr. T. M. Drysdale, of Philadelphia; Permanent Secretary, Dr. Wm. B. Atkinson, of Philadelphia; Recording Secretary, Dr. Charles M. Justine, of Easton; Treasurer, Dr. Benjamin Lee, of Philadelphia.

Delegates to American Medical Association:—Drs. J. C. Cotton, Meadville; J. W. Hughes, Indiana; C. W. Brown, Mansfield; E. Mills, Ulster; J. Z. Gerhard, Harrisburg; G. D. Bruce, Pittsburgh; J. D. Ross, Altoona; Frank Cowan, Greensburg; J. M. Snyder, Danville; Joseph Swartz, Duncannon.

Place of meeting, Easton.

Committee of Arrangements—Drs. Traill Green, P. B. Breinig, J. M. Junkin, Stephen Laubach, Samuel Sandt, John Sandt. The committee also reported delegates to several State Medical Societies.

On motion of Dr. Atkinson the report was adopted as read.

It having been announced that the usual time of meeting would interfere with that of the American Medical Association, Dr. E. A. Wood moved to refer this to the Nominating Committee, but the motion was rejected.

On motion of Dr. Atkinson, by a unanimous vote, the By-Laws were amended as follows:—

ART. II. Amend to read, "the time of meeting shall be determined by the Nominating Committee for each year."

Dr. J. L. Stewart, of Erie, presented and had read a paper on "Excision of the Median Nerve for relief of Traumatic Neuralgia."

On motion it was referred to the Committee of Publication.

Dr. E. A. Wood offered the following:—

Whereas, Although we believe that the resolution offered by Dr. King, and adopted by this Society at Franklin, in June, 1872, expressed the honest convictions of the members present, yet as it is in violation of the rulings of Presidents Wallace, Gross and Pollock on the interpretation of Article V, Section 5, of the Constitution. Therefore,

Resolved, That the resolution adopted at Franklin, in June, 1872, which declares "that the whole action of the Lancaster County Medical Society in the matter of the expulsion of Drs. Hinkle and Ehler be approved," be hereby made null and void.

After some discussion, a motion by Dr. Dale to lay it on the table was lost.

On motion the preamble and resolution were adopted.

A motion by Dr. J. L. Atlee to reconsider the action of Wednesday on the motion of Dr. Stetler, relative to this matter, was unanimously adopted.

Dr. Stetler then asked and was granted permission to withdraw his resolution.

The Report on Obstetrics, by Dr. Wm. Goodell, of Philadelphia, was read by the Permanent Secretary, and on motion was referred to the Committee of Publication.

Dr. J. L. Atlee made a verbal Report on Surgery, having been prevented by sickness from preparing a written one.

The subject matter was discussed by Dr. H. Corson.

On motion of Dr. Atkinson he was requested to write out his remarks for publication.

Dr. B. Lee, on behalf of the Treasurer, read the Annual Report, which was referred to Auditors, Drs. H. St.C. Ash, T. Green, and J. G. Stetler.

Dr. Atkinson read the Report of the Committee of Publication, which was received.

Bills from the Committee on Insane Hospital were presented, and ordered paid.

Dr. B. Lee offered the following, which was unanimously adopted:—

Resolved, That the thanks of this Society be and are hereby tendered to Dr. L. S. Bolles, our late Treasurer, for his efficient services, and we regret that he has felt it necessary to decline a re-election.

An amendment to the By-Laws, by Dr. Lee, exempting Permanent Members from paying the fee of $3 on registering, was unanimously adopted.

Cases of Malformation of the Uterine Appendages were related by Drs. W. L. Atlee, of Philadelphia, R. L. Sibbet, of Carlisle, and W. H. Pancoast, of Philadelphia.

On motion of Dr. Stetler, these gentlemen were requested to write out their remarks for publication.

On motion the Society adjourned to meet at 2½ P. M.

AFTERNOON SESSION.

President in the chair.

Dr. G. H. Larison, representative from the Medical Society of New Jersey, was introduced, and made some remarks.

The Committee on Legislation against Quackery reported progress, and was continued.

The Committee on Nomination presented their final report:—

Time of meeting, second Wednesday of May, 1874, at 3 P. M.

Committee of Publication, Drs. Wm. B. Atkinson, R. J. Dunglison, Benjamin Lee, T. M. Drysdale, L. J. Deal, A. Fricke, of Philadelphia, and S. B. Kieffer, of Carlisle.

And Censors for each of the districts.

On motion of Dr. Atkinson the report was received and adopted.

On motion of Dr. Green Dr. R. N. Short was appointed a Representative to the State Medical Society of Arkansas.

The Committee on Unfinished Business reported "none," and were discharged.

On motion of Dr. Stetler the last standing resolution was repealed, and a Committee on Unfinished Business was substituted.

On motion of Dr. J. L. Atlee a recess of one hour was taken, in order to visit Dickinson College.

4 P. M.

The Society resumed business.

On motion of Dr. J. L. Atlee it was

Resolved, That the thanks of this Society be presented to the Cumberland County Medical Society, the Trustees and Faculty of Dickinson College, and the Citizens of Carlisle, for their kind reception and generous hospitality.

Resolved, That the thanks of this Society be presented to our retiring President, Dr. A. M. Pollock, for the able and impartial manner in which he has conducted the deliberations of the Society.

Dr. Benjamin Lee read a paper on Hooping Cough as a Cause of Spinal Caries.

It was discussed by Dr. J. L. Atlee, and on motion was referred to the Committee of Publication.

The President appointed Dr. T. Helsby to prepare the Report on Medicine; Dr. T. M. Drysdale, that on Surgery; and Dr. W. B. Atkinson, that on Obstetrics.

The Auditors reported the Treasurer's account correct, and were discharged.

A bill of $34.14 for stationery, printing, etc., was presented by the Committee of Arrangements and ordered to be paid.

Dr. W. R. Findley, of Altoona, offered the following, which was unanimously adopted:—

Whereas, This Society has heard of the severe and serious injury sustained by Dr. James King, of Pittsburg, a former president and valuable member of this body, as also of his other painful illness; therefore,

Resolved, That the sincere sympathy of this body, as well as the earnest desire for his speedy and complete restoration to health, be and is hereby expressed.

Resolved, That the Secretary be requested to transmit a copy of this paper to Dr. King.

On motion of Dr. R. Crawford, of Franklin, it was

Resolved, That the State Medical Society of Pennsylvania respectfully invite the physicians in the different counties in the State, who have not yet organized County Societies, to do so at once, that this Society may get their assistance and influence in advancing the great interests of the profession and the interest of the public generally.

Dr. Stetler offered the following amendments, and requested that they be laid over till next session:—

Amend Art. III, Sect. 3, of the Constitution, as follows: Insert after "delegate," in the first line, *from a Society not in delinquence*, and strike out all in the last line after the word "regulations." Compare with Art V, Sec. 9.

Amend Art. III, Sec. 6, by striking out all after the word "shall" in the first line, and all after the second "and" in the second line.

Amend Art. IV, Sec. 2, by striking all from the word "except," in the third line, to the word "years," inclusive, in the same line.

Amend by striking out Art. X, and insert Art. XI as Art. X. Compare with Art IV, Sec. 2.

Amend Art. III, Sec. 1, of the By-Laws, by striking out the words "Standing Committee," in the first line, and inserting in lieu thereof, *Committee of Arrangements and Credentials.*

On motion of Dr. Atkinson all the County Societies that had not reported were granted permission to send their reports to the Committee of Publication within the next three weeks.

The President, Dr. Pollock, then spoke as follows:—

GENTLEMEN:—For the kind manner with which you have been pleased to allude to my career allow me to return my sincere thanks. If I have been successful in the administration of office, it has been due more to the intelligence of the gentlemen over whom I have had the honor to preside. As I had not the opportunity of returning my thanks to the Society at the time of my election, I now return my most profound thanks for the honor then conferred upon me. If I have been in error in my rulings, or harsh in my decisions, believe me it was not intentional, but my actions were intended for the best interests of the Society.

The President appointed Drs. T. Green and J. L. Atlee to conduct the President-elect to the chair.

Dr. S. B. Kieffer, President-elect, on taking the chair, was cordially received by the retiring President, and replied, thanking the Society for the honor, etc.

On motion of Dr. Atkinson thanks were tendered the Commissioners of Cumberland county for the use of the court-room.

On motion the Society adjourned.

In the evening a large number of members and ladies assembled at the annual dinner, at the Bentz house, where, after the delicacies had been fully discussed, speeches and toasts were the order of the hour, until the morn was ushered in by crow of cock.

It was the unanimous sentiment that no meeting of the Society had ever been so enjoyable and productive of so much good feeling.

MEDICAL SOCIETY OF TOMPKINS COUNTY, NEW YORK.

The meeting of the Tompkins County Medical Society, at Ithaca, N. Y., June, 18th, was well attended, and more than usually interesting. A number of cases of disease were reported, which were discussed by various members, and Drs. Rightmier and White read valuable and well-written papers. The paper by Dr. Sackett, being upon public hygiene, was requested for publication, and is printed at length in an Ithaca paper. Although principally of local interest it is none the less important and useful. This is a legitimate and essential direction in which physicians of intelligence can exert their influence.

The officers for the current year are:—Wm. Fitch, President; S. P. Sackett, Vice-President; M. M. Brown, Treasurer; S. H. Peck, Librarian; Secretary (omitted in report); and Drs. Peck, White, Davis, Farrington and Fitch, Censors.

Editorial Department.

Periscope.

The Symptoms and Causes of Nerve Exhaustion.

From an article in the *Medical Press and Circular*, of May, by Dr. C. H. F. Routh, of London, we make the following extract:—

The symptoms of exhaustion of nervous power are general debility, great excitability of manner, want of proper sleep, susceptibility of taking cold, neuralgia with various degrees of intensity, eruptions over the body, often of acne, eczema, and inability to walk even short distances without fatigue, palpitation, nervousness, starting at the slightest noise readily, want of virile power, sick headache and backache, or sometimes a creeping sensation down the spine, loss of appetite, irritability of temper, loss of memory, with a great sense of being obliged to force the brain to remember. This loss of memory is often so marked, and more especially in *present* circumstances as opposed to those of the past, as to give rise to the greatest embarrassment. While a person is speaking the whole train of thoughts may be lost and not be again recovered for hours. A person may go to fetch something in a neighboring room, and on arrival there forget what he went for. There is also often an inability to fix the attention on any one subject, or to reading. It is not unusual in such cases to find an undue exaltation of some peculiar talent or property of the mind in a different direction or one totally opposed to former hobbies. A dull man becomes a poet, a good-natured, amiable man becomes subject to ungovernable fits of temper, a temperate man craves for ardent drink, and so on. The equilibrium of the brain no longer exists, and its function can no longer be regularly performed. In most of these cases there is an abundance of phosphates passed by the urine. Very rarely indeed do nocturnal emissions occur. When they do occur they are invariably followed by an exacerbation of all the symptoms, especially of the exhaustion and headache. Lastly, copious night sweats may occur, and the slightest exercise brings on copious diaphoresis.

If the case goes on it assumes more melancholy characters. Want of sleep brings its concomitants. The patient becomes extremely depressed and unhappy about himself. Very little makes him sob and weep. Hypochondriac to a degree, life is a perfect burden, and frequently the disease culminates in suicide. The case of a remarkably great man, a judge, who of late perished by his own hand, in which most of these symptoms were marked, will be at once recalled to the memory, an instructive, but a very sad example of overwork.

I have noticed in some cases that there is an undue excitability of the senses. The hearing, habitually dull, becomes intensely acute, so that the noise of a door slamming in the streets becomes unbearable; even a pin may be literally heard to fall; the sound of music or a loud voice becomes very painful. Then the sight becomes alike impressionable. Even bright colors are not pleasant to look upon. Scent becomes odious, or the reverse, and the taste altered, as before stated, from its habitual likings. The numbing feelings, the prickings or irritation of the skin, and exalted hyperæsthesia generally appear. Occasionally these changes are so marked that the patient will invariably allude to them as giving him great anxiety.

There is a striking resemblance in these cases of overwork and premature decay to those produced by venereal excesses in both sexes, more marked in cases of spermatorrhœa. In both we have general debility, which is muscular as well as intellectual; fatigue, night sweats, languor, heavy, dull feeling in head, frequently in the back, with occasionally the same creeping sensation. In both the gait is unsteady. In both the memory fails, and in a marked degree. In both there is intense nervousness, frequently with palpitation of the heart. Commonly insomnia occurs in both; urine deposits phosphates in abundance in both; but whereas in mental decay from overwork the nocturnal emissions are very rare, after venereal excesses they may amount to spermatorrhœa. Nor can I say I have ever seen in cases of mental decay the epileptiform convulsions observed in cases of venereal excesses. The nearest to these have been sudden jerks occurring frequently during sleep, and affecting principally one side of the body.

In the case of women, where this mental declension exists, especially in early life, I have found uterine and vaginal symptoms almost invariably present. In a few I have found it due to habits of imprudence. In the majority the discharges have persisted long, and the eye-sight has, on more occasions than one, deteriorated. In one or two cases it seemed to follow hyperlactation.

It is scarcely necessary to say that overwork in these cases, whether mental or venereal, or both combined, is the cause of this mental declension. I have often been struck, however, at the combination of these in men occupying high positions, and the rapidity with which this continued action hastens an unhappy termination. I have noticed it especially in old men, generals or men of science who marry young wives. A strong old hale gentleman be-

comes a wreck, perhaps, within the year. I know at this moment a man of science, whose works are well known and much appreciated. To see him at home is to see the most miserable man in creation. He is still a very active man in his sexual duties, and I know acts most unreasonably in this respect. His wife, more sensible than himself in this respect, would restrain him, but to no effect. Fancying death imminent every day, or quarreling on the slightest provocation, are some of his most troublesome characteristics.

This overwork is not confined to persons of advanced or middle age. I have seen it in children and boys who have been overworked at their schools. A master or parent has been pleased with the precocity of the boy, and has worked him to excess. He has made much progress, and given great evidence of high mental powers as a boy, but the young man has been dull and stupid. The over-excitement of precocious infants has often been followed by tubercle of the brain or hydrocephalus. This is matter of common observation, and it looks very much as if the two circumstances were in relation of cause and effect.

Where overwork is combined with worry and anxiety the effect is much more rapid and complete.

In older persons the final effect of overwork, whether moral or sexual, is, however, often the same, softening and insanity.

These symptoms I believe to be due, in many cases, to a deficiency of phosphorus in the brain. The idea is not mine.

I was much struck years ago by hearing a casual observation made on this subject by Dr. Forbes Winslow, whose penetrating mind had long seen this connection. Many forms of mania, he said, were due to a deficiency of phosphorus in the brain. We can understand at once how hard work on the one hand, and venereal excesses on the other, should produce this result. In venereal excesses the semen, which is rich in phosphorus, is evacuated so freely that to be formed the body must draw upon that portion of its substance which contains most phosphorus. That portion is the brain. The food we ordinarily take contains an insufficient quantity of phosphorus to supply adequately this waste. The excitement of function also must necessarily exhaust the nervine power.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received :—

Fourth Annual Report of the Philadelphia Eye and Ear Infirmary.

Announcement of the Medical College of Alabama, 1873-74.

Special Rules for the Management of Infants during the hot season, recommended by the Obstetrical Society of Philadelphia to the thoughtful attention of the mothers in Philadelphia.

——*Arthur's Magazine*, published by T. S. Arthur & Son, in this city, is an excellent monthly for the ladies—there is none better. It has improved greatly of late. In our estimation it is very far superior to *Godey's Lady's Book*, which has been so popular for many years. Arthur also publishes a splendid magazine for the little ones, entitled *The Children's Hour*.

——*Scribner's Monthly*, one of our best exchanges, not only keeps up its interest, but improves. Dr. Holland's story, "Arthur Bonnycastle," is excellent, and grows in interest. The Editor's Department is particularly good, and will be generally appreciated by physicians. The illustrations are of a high order, and the illustrated articles on Western Explorations are of thrilling interest. Scribner & Co., New York. $4 a year. Reporter and Scribner, $8.

BOOK NOTICES.

Transactions of the Medical Society of the State of New York. For the year 1872. Albany, 1873. pp. 484.

The contents of this volume include the minutes, the annual address by Dr. W. C. Wey, on Medical Responsibility and Malpractice; on Mania Transitoria, by Dr. Geo. Cook; Malignant Tumor of the Orbit, by Dr. Edwin Hutchinson; a Case of Extra-Uterine Fetation, by Dr. Harvey Jewett; Causes of Death after Child-birth, by Dr. J. S. Bailey; Remarks on the Surgery of Childhood, by Dr. J. H. Pooley; the Present State of Electro-Therapeutics, by Dr. A. D. Rockwell; Cases in Ophthalmic Practice, by Dr. Chas. E. Rider; Blepharoplasty, by Dr. H. E. Noyes; Hypertrophy of the Under Lip, by Dr. Gurdon Buck; the True Object of Medical Legislation, by Dr. Stephen Rogers; Ovariotomy, by Dr. J. F. Miner; the Taxis in Hernia, by Dr. C. C. F. Gay; Inversion of the Uterus, by Dr. James P. White; Venesection, by Dr. A. W. Tupper; Chronic Cystitis, by Dr. T. A. Emmett; the Causation of Insanity, by Dr. J. P. Gray, etc., and a number of obituary notices, with the usual lists of members.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 5, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

WILLS' OPHTHALMIC HOSPITAL.

The great importance of increasing the hospital facilities of Philadelphia, and of placing all these institutions on a firm foundation, gives us a lively interest in whatever relates to them. The hospital accommodations of Philadelphia are entirely inadequate to the needs of so great a city, especially in view of the fact that it is a great centre of medical instruction for a whole continent. We are glad that a stimulus has recently been given to benevolence in this direction, and trust that it will be kept alive until the practical results are commensurate with the wants of the public.

We have before us the report of Wills' Ophthalmic Hospital for the year 1872. This hospital was founded in 1832, by funds left by JAMES WILLS, a native of England, a member of the Society of Friends, who was a well-known grocer, doing business on the south side of Chestnut street, between Second and Third streets. His will was dated May 8th, 1823, and was proved January 26th, 1825. The fund, which has been increased by additional donations and legacies, now amounts to $217,800, and is invested in city funds and mortgages. The income from the fund is, however, entirely inadequate to the wants of the institution. Additional accommodations are imperatively needed, and the institution has no building fund. In the language of the report:—

"The crying want of the hospital now is increase of accommodation for in-patients, and this can only be given us by a generous public. That our claim for public sympathy is not less than that of the host of applicants about us is as certain as that a blind laborer or mechanic is as much of a burden upon the community as the same man disabled by blast or mill accident.

"Additional wards are needed for the reception of house patients, but, as the hospital has no building fund, its income being absolutely required for its support, an appeal must be made to the community for contributions to erect such wards. Only thirty thousand dollars are required, and it is sincerely hoped that the appeal will not be in vain."

The location of the hospital, on Race street, opposite Logan Square, one of the finest of our smaller parks, leaves scarcely anything to be desired in this respect. Architecturally, the building is faulty, and it should be replaced by one of proper construction. This cannot, however, be done with the very small amount modestly asked for by the Board.

During the past year some radical changes were made in the organization and appointments of the hospital. The original number of four surgeons has been increased to ten, and the service, which was formerly limited to a quarterly one by each surgeon in rotation, has now been made continuous throughout the year, five being on duty on alternate days. As a school for the study of diseases of the eye the facilities of this hospital are unequaled. The surgeons are all well-known, some of them distinguished, in their specialty. One cannot help wondering why, in the report, the names are alphabetically arranged, instead of in the order of seniority

It seems to us that the latter is the sensible and just method of arrangement. The results of the year's labors are summed up as follows:—

In-patients admitted during 1872	362
Out-patients do do do	2514
Total for the year	2876
Number of operations for the year	628

The nativity of the patients was as follows:—

United States, 1622; Ireland, 836; Germany, 176; England, 144; Scotland, 28; Wales, 17; Canada, 11; France, 9; West Indies, 5; Sweden, 4; Denmark, 3; South America, 2; Italy, 2; Russia, 2; Spain, 1; Sandwich Islands, 1; Unknown, 13. Total, 2876.

We commend this institution and its urgent wants to the practical consideration of our readers, who should, at least, use their influence in its favor.

PROFESSIONAL RELATIONS.

The newspapers have had several opportunities offered them lately to inveigh against the alleged "exclusiveness" and "bigotry" of the regular profession; opportunities which various ones of them have improved. The action of the Massachusetts State Medical Society furnished one of these texts, and the remarks upon its decision and sentence were by no means flattering to those who think as we do.

Possibly it is not worth while repeating what we have so often said in explanation of the status of the regular profession with respect to irregular physicians. It is precisely the same as that which any respectable body of homœopathists would, and do, take against those who profess to cure by charms, witchcraft, and the hocus-pocus of conjuring. The same reasons influence both. The educated homœopathic physician discountenances such pretenders, because he believes them, as a rule, dangerous, deceitful and harmful to society. He cannot deny there are occasionally healers of this stamp who seem to have an honest faith in their own absurdities. But this does not permit him to lend his sanction to their courses; and no one dreams of blaming him for it.

So the regular physician feels, in turn, in reference to one practicing the homœopathic method. We believe that method involves absurdities quite as gross as the tricks of Mumbo Jumbo, and we feel in duty bound to oppose it, and exhibit its futility. When such convictions are so deep in the minds of cultivated and honest men, they must act upon them, and the objections urged by persons who have never studied the matter at all, or only one side of it, are not well taken.

The frequent intimation that such opposition is prompted only by self-interest, is unworthy the source whence it comes, and absurd in itself, as it would hold good against any extension of professional associates beyond certain limits, a step not yet dreamed of in this country.

Why will not the better class of editors acknowledge that, if any such motives as we have above mentioned are unusual, at any rate societies, clubs and unions of all kinds have the right of selecting their members, and are not obliged to admit or retain those repugnant to them?

Notes and Comments.

German Preparation for Cholera.

In pursuance of the recommendations of Dr. Hirsch and Dr. von Pettenkofer, the German Federal Council agreed to the following resolutions, at a meeting held on April 29th. 1. For the purpose of a uniform and systematic inquiry into the spread of cholera and the means of arresting it, a special committee of experts will be formed, consisting of five members to be chosen by the Federal Council. They will receive notice of their election from the imperial chancery, through which source, also, the committee will be summoned and the president nominated. When employed in places distant from their ordinary habitations, they will receive traveling expenses and twenty marks (about twenty-five shillings) a day. 2. The duties of the committee shall be: *a.* to form a uniform plan of investigation in

case of the appearance of cholera in Germany; *b.* to collect and elaborate the results of their inquiries, and to report on the measures serviceable for combating cholera; *c.* to undertake or institute special local researches during the prevalence of cholera. 3. The cost of the labors of the Committee will be borne by the State, provided that the charges are first approved by the imperial chancery. Any labors carried out independently by district medical officers and physicians in the individual States, in furtherance of the general plan, will not be paid for out of the imperial funds. 4. The various authorities of the *Bund* are desired to communicate to their district medical officers and physicians the plan as approved by the imperial chancery, and to send to the chancery the reports, etc., which they may obtain, that they may be communicated to the committee.

A Scrap of History.

The *Chemist and Druggist*, in a late editorial, acknowledges the indebtedness of science to Paracelsus in these words:—

"This gentleman, who was born in 1493, seemed to carry with him into the sixteenth century a judgment and experience matured by an acquaintance with the practice and theories of the nineteenth. He treated the schools of physic then in existence with the scorn and ridicule which probably they well deserved, and he went about administering the then almost unknown medicines, antimony, opium, and mercury, with such skill and judgment, that his cures and his fame as a physician soon spread all over Europe, without the aid of newspapers, while these medicines, which he may be said to have introduced, have maintained almost exactly the reputation which he assigned to them even unto this day. Such an extraordinary instance of a man living before his time is hardly on record in any branch of learning."

Substitutes for Tea.

The Agricultural Bureau brings matè into the question, and by comparative analysis proves that yupon, matè, and tea and coffee all contain thein. Matè is a Peruvian weed, largely indulged in by Indians and half-breeds. It is concocted in a small silver porringer, with a tight lid and a small spout, which spout goes the rounds of the blackened mouths of the matè-sucking circle. It is a great breach of etiquette in Peru to refuse to take matè on such conditions.

The last proposition is to supplant tea and coffee by "yupon," and the proposition also comes from the National Department of Agriculture. "Yupon" is an Indian word, and the plant itself is the cassine yupon, the *Ilex cassina*, a diuretic, and in large quantities emetic. It was used by the aborigines and also by the "poor white folks" in former days.

Publishing Cures.

We have received several newspapers lately containing sensational accounts of cures and operations performed by physicians, and inserted evidently for advertising purposes. One of the most barefaced specimens is from Altoona, in this State. The public should know there is no more certain proof of a physician's *lack* of capacity, than the necessity he is under to use this plan of seeking practice.

The Phosphide of Zinc.

Dr. ROUTH, of London, says:—

A very elegant preparation of phosphorus is the phosphide of zinc. My experience with this medicine is very extensive. I have never known it to produce the least unpleasant effect, and have rarely been disappointed in obtaining the full results to be expected from phosphorus in corresponding doses.

The chemical formula of phosphide of zinc is $6Zn_3$, and consequently one grain represents a little more than 1-7th of a grain of phosphorus. The proper dose is, therefore, 1-7th of a grain. I usually prescribe it in cerebral congestion according to the following prescription.

℞. Zinci phosphidi, gr. iij.;
Ros. conserv. q.s. ut fiant, pill xxx.
Dose, 1, *ter die.*

Instead of the conserve of roses, gr. x. of ext. nucis vomicæ may be substituted if strychnia is required.

NEWS AND MISCELLANY.

The Vienna Medical Society and Foreign Practitioners.

At a recent meeting of the Medical Society of Vienna, it was unanimously resolved, on the proposal of Dr. Jurié, as an expression of hospitable feeling, that foreign medical practitioners visiting Vienna during the exhibition should be invited to attend the meetings of the Society.

Present to Sir William Gull.

Recently Dr. Conneau and Dr. Baron Corvisart waited upon Sir William Gull and presented him, on the part of the Empress Eugenie, with a costly gold box, bearing the imperial cipher in diamond. This memento, presented by the Empress through Sir William Gull's French colleagues, in recognition of his services, is all the more precious because the box contains a pair of sleeve links worn by the late Emperor Napoleon.

Prizes Awarded.

The Boylston medical prizes of Harvard University for 1873 have been awarded to David F. Lincoln, M. D., of Boston, for a dissertation on "Electro-Therapeutics;" and to W. C. Dabney, M. D., of Charlottesville, Va., for a dissertation on "The Value of Chemistry to the Medical Practitioner."

A Medical Papyrus.

Mr. G. Ebers, a distinguished Egpytologist, has purchased at Thebes a remarkable sacred medical papyrus. Its 155 pages treat of most maladies of the flesh from an Egyptian point of view. More reliance is placed on exorcisms than medicines.

The Late Baron Liebig.

The German Chemical Society, at a meeting on April 28th, unanimously decided to take steps to raise a worthy memorial of Liebig. A committee was formed to carry out the object proposed.

Indian Wit.

The Modocs seem to have taken a hint from their pale-face brethren, and are prepared to advance the plea of insanity in defence of Captain Jack. The distinguished murderer is reported to have conducted himself in the most approved fashion, sitting apart, plunged in moody thought, and unapproachable by his own relatives.

—The Sultan of Turkey retains the exclusive services of a lady-physician, a New Hampshire lady, who graduated in Philadelphia, to attend the females and children of his household.

—Dr. Francis T. Stribling, Superintendent of the Virginia Western Lunatic Asylum, refuses to accept an increase of his salary, which was recently voted him by the Board of Visitors.

—Dr. David Page Smith, of Springfield, Mass., was nominated to the corporation of Yale College for the professorship of "The Theory and Practice of Medicine," recently vacated by Professor Ives.

—Dr. A. W. K. Newton, of Boston, has been made very ill by blood-poisoning received in a surgical operation in a case of diseased bone.

—The Boston University school of medicine will open Wednesday, Nov. 5th. Dr. I. T. Talbot will be the dean of the faculty.

—Dr. Von Dollinger has been appointed to succeed Baron Liebig as President of the Bavarian Academy of Sciences.

QUERIES AND REPLIES.

Books.

Dr. D. W. J., of Maine.—1. "Doctors and Patients" has not been republished in this country. Its price is, we believe, six shillings, sterling. 2. We cannot say which is the *best* work on Practice. We *like* NIEMEYER's more than any other. 3. Dr. FLINT's *Practice* recommends a very moderate use of stimulants.

MARRIAGES.

DEAN—NEWMAN.—In Brattleboro, Vermont, June 3d, by Rev. Wm. L. Jenkins, Dr. Henry A. Dean, of Athol, Mass., and Miss Ida A. Newman, of Brattleboro.

GUERRERO—POTTER.—March 6th, 1873, by the Rev Dr. Wilbur F. Paddock, Protestant Episcopal Church, afterward by C. J. H. Carter, Vicar General Roman Catholic Church, Dr. F. Benicio de Guerrero, of Nicaragua, and Henrietta A., daughter of Henry C. Potter, of Philadelphia.

MUNN—THAYER.—At Binghampton, New York, June 18th, by Rev. Dr. Hitchcock, James Tredwell Munn, of New York, and Miss Hattie T. Thayer, daughter of Dr. O. V. Thayer, of Binghampton.

PEPPER—PERRY.—June 25th, 1873, at St. Mark's Church, Philadelphia, by the Rev. Dr. E. A. Hoffman, William Pepper, M.D., and Frances Sergeant, daughter of the late Christopher Grant Perry, of Newport, R. I.

THOMPSON—WILLIAMS.—At Lake George, June 15th, by Rev. Samuel Biggin, Dr. V. Thompson, of New York city, and Miss Nellie T. Williams, daughter of Capt. Charles S. Williams, of Berkley, Mass.

WOOD—MAY.—June 18th, 1873, at Zion Church, Palmyra, N. Y., by Rev. John G. Webster, William H. Wood, of Brooklyn, N.Y., and Elizabeth Thayer, youngest daughter of the late Wm. T. May, M.D., of Palmyra.

WOODWARD—MCDOWELL.—June 24th, at the Washington Square M. E. Church, New York, by Rev. Wm. P. Abbott and Rev. John Parker, Alvin M. Woodward, M. D., and Mary E., daughter of Thomas McDowell, Esq., all of that city.

DEATHS.

BARNETT.—At Marysville, California, January 23d, 1873, Enoch Edward Barnett, of Crawfordsville, Indiana. Dr. Barnett was widely known and highly esteemed for his professional ability.

BEALES.—At her residence, in New York, June 22d, 1873, in her 68th year, Dolores Soto, wife of John C. Beales, M.D.

BERTOLETT.—On May 20th, of dilatation of the heart, Dr. David K. Bertolett, at Washingtonville, Ohio.

HARLAN.—In Wilmington, Del., June 18th, John Harlan, M.D., aged 22 years.

MCGRATH.—In this city, June 24th, Robert McGrath, M.D., in the 67th year of his age.

VAIL.—At Johnsonsburg, N. J., June 13th, Sarah Locke, wife of Dr. William P. Vail, aged 66 years.

WEYER.—March 30th, 1872, J. A. Weyer, M.D., of Powhattan, O., in the 65th year of his age.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 854.] PHILADELPHIA, JULY 12, 1873. [Vol. XXIX.—No. 2.

Original Department.

Communications.

MIGRAINE.

BY T. CURTIS SMITH, M.D.,
Of Middleport, O.

(Read before the Meigs and Mason Academy of Medicine, and ordered to be published.)

Dunglison* defines migraine as "pain confined to one-half of the head," hence synonymous with hemicrania. Niemeyer gives to it a similar definition. Hemicrania is usually periodical, and commonly known as "sun-pain." But migraine, as defined by Anstie, Albutt and others, is synonymous with the phrase "sick-headache." To the closely observing practitioner the question naturally arises, are not those forms all one and the same disease, modified by temperament, habits, age, and the particular condition of the system at each time of the attack? That is to say, a person whom we would describe as of a bilious temperament will, with each attack, have nausea, vomiting of bile, etc., while one of a nervous temperament will simply suffer the head pain, with malaise, but no nausea.

Migrainous patients are those who suffer more or less frequently from pain in the head, usually confined to one side, sometimes to a small spot (clavus), or may be diffused over the entire head, but is usually confined to the branches of the fifth pair of cranial nerves, and may or may not be attended with chylopoietic visceral derangements. In the very severe cases there is generally more or less visceral disturbance.

* Dictionary.

Anstie defines it thus:* "Migraine may be described as a youthful neuralgia, tending for the most part to extinguish itself after passing through the transitional form, but occasionally proving to be only the first symptoms of formidable diseases, such as epilepsy, asthma, angina pectoris, or facial neuralgia of a more violent and persistent type." He believes† "migraine is a central disease affecting the medulla oblongata, and having thus an anatomical kinship, as well as hereditary and clinical connections with an important group of nervous diseases."

Again he says that it was first noticed by himself and confirmed by Eulenberg "that sick headache most frequently occurs in patients among whose ancestors *epilepsy* had made its appearance;" and further on, "I do not mean to say that a migrainous patient must at all necessarily have had a positively epileptic ancestor; but I think there is high probability that the essential groundwork of the migrainous disposition is an inherited imperfect organization of larger or smaller tracts of the medulla oblongata," and that it is accidental "whether the break-down of nervous health takes the form of migraine or epilepsy."

Such views, I think, are not now generally concurred in by the teachers of pathology, and some have already denominated this as merely "hypothetical." If we grant it to be fully true, our prognosis of migraine must of necessity be far more grave than our daily experience would at all warrant, and the number of persons of an epileptic or asthmatic dyscrasia would be increased ten-

* *Practitioner*, for Dec., 1872, p. 357.
† Loc. cit.

fold beyond what we know to be really the fact. What physician of experience would say to a patient, because he was the subject of migraine, that his nervous system was liable at any time to "burst into a storm of epileptic convulsions."

From the doctrine of the strictly nervous origin of the disease, Niemeyer, Albutt, Chambers, Dale, and others dissent. Niemeyer* argues that "it is even doubtful whether we are justified in classing it among the neuralgias, as is almost universally done." Clifford Albutt says,† "the more I see of migraine the more do I consent to the proposition that it is a neuralgia in point of origin and affinity, but also the more am I convinced of the essential part which is played in it by the abdominal viscera." He further denominates Anstie's theory as a mere "trigeminal hypothesis."

The ground taken by Albutt is probably quite correct, but the clinical aspect of many alone, while as many more show a history cases point to an origin in the chylopoietic of direct origin in the nerve centres.

That all cases have their origin in the nerve masses may be true, and that all visceral complications may be reflex, and therefore secondary to the primary lesion at the nerve root may be equally true, though not yet satisfactorily proven, but that it is akin to epilepsy, asthma, angina pectoris, etc., or really a disease of precisely the same class, I very sincerely doubt. That it is not a neuralgia, I am fully persuaded, any more than any other accidental pain constitutes a neuralgia. Its attacks are irregular and of uncertain duration, and moreover it is not relieved with any considerable degree of readiness or certainty by anti-neuralgic agents or its irregular return prevented by them. That the disease is generally of nervous origin I feel somewhat assured by the fact that many subjects of it do not suffer the visceral complications at all until the malady has become greatly aggravated, but simply the nervous pain with an ill-defined feeling of malaise, at the time and for a short period after relief from the acute suffering. Hammond‡ has expressed a similar view, by saying, "When nausea and vomiting do occur, it is commonly called sick-headache."

The visceral complications, however, are often so well marked and so prominent that there is little surprise that the head-pain has been looked upon as only secondary to the chylopoietic symptoms. In most of these cases, however, if we trace their history back to their early commencement, we will quite invariably find that it recurred many times at irregular intervals, the pain being severe but not accompanied with the nausea and vomiting, and that it was only when the disease became of longer standing, the recurrence of the attacks more frequent and aggravated in severity and duration, so that the nervous system had become *enervated*, that the visceral symptoms have manifested their presence. Up to this time it was called nervous headache, but after this, sick-headache. Anstie, in substance, gives another statement of the management of these cases, as follows: a fact of interest in these cases is, that too often they are supposed to be caused by visceral derangements at the first onset, and therefore the stomach, liver, etc., each receive undue stimulation with drugs to cause them to act more nearly in accordance with the physician's or patient's notions of the laws of health, when in fact they are no more diseased than to that extent merely which is caused by nervous depression. But by repeatedly drugging these organs at first, they will become, sooner or later, subject to disorders, and will seem to require the wonted stimulants to aid them in throwing off accumulated secretions. Hence it is that older persons who have come up through the "days of calomel and blue mass" so often require a cholagogue cathartic, a strong stomachic, emetic or diuretic, for relief of these symptoms when present with the migraine, before the pain will subside. In other words, cases that were originally only nervous headache, have been changed into real sick-headache by a wrong course of drugging the stomach and liver.

Again, it is well known that the disease has its origin in over mental strain or excitement, and in many conditions that enervate the nervous system, and the case given by Clifford Albutt in reply to Anstie proves for that case a purely nervous origin, and that later, visceral symptoms became prominent. It is also true that in many cases of long established migraine certain articles of diet, or drinks, or any considerable indiscretion in the quantity eaten, will cause an attack, but close observation will in these find histories of over-gastric drugging,

* Prac. Med., vol. ii, p. 296.
† *Practitioner*, Jan., 1873, p. 26.
‡ Hammond on Diseases of the Nervous System.

or an over-abstinence from fatty foods, or frequent gormandizing, producing debility and a species of inanition, thus adding weight to the nervous debility already caused by the disease itself.

To sum up a little, Anstie looks upon the disease as purely nervous in character; Albutt as nervo-visceral; Chambers and Dale as a visceral disease accompanied by pain in the head; Niemeyer doubts its strictly neurotic character; Hammond seems to indicate its neuralgic type; Dr. D. N. Kinsman,* of Ohio, himself a subject of migraine, believes it to be a purely neurotic disease, and that all visceral symptoms are secondary to its neurotic character.

The symptoms and differentiation of migraine are too well known to require description here. The prognosis is for the most part uncertain. Much will depend on the age, occupation, habits and hygienic surroundings of the patient. It may very often be gotten rid of by early and continued care in its management, and will usually leave the patient at about middle age unless some accidental cause arises to enervate the system and thus secure its continuance. If it become habitual after middle age it is less amenable to treatment and less apt to subside spontaneously. Females are by far the most subject to it, and not so apt to be relieved by treatment, nor is it as likely to take its departure without treatment; and this in consequence of the ever varying changes through which they are continually passing. A few cases in women are permanently relieved by marriage, while others have the disease greatly increased by that circumstance, and especially is this liable to be the case where the exhausting accidents of parturition occur in quick succession. Migraine rarely destroys life, but it sometimes impairs the vital forces sufficiently to render the subject an easy prey to other serious diseases.

The treatment is as varied in some respects as are the cases numerous that apply for relief. Slight attacks seldom send the patient to the physician unless they are of very frequent occurrence. We, therefore, have the more serious types to deal with, and that after it has become well established. Taking the view of its neurotic origin agents should be addressed to the nervous system. Here arises the want of a perfect understanding of its pathology. This fact, with frequent idiosyncracies met with in these cases will cause us in most instances to simply "cut and try" at first what agents will be borne and afford relief. Far is it from all cases being relieved by the same agent, as what will relieve one will increase it with another.

In very many of these cases I have found prompt relief from either potass. bromide in two scruple doses every half hour, or this agent with one-eighth grain of morphia at the same interval for a few doses. The bromide of potass. is probably, for a majority of cases, our most reliable agent. But in cases where there is cerebral anemia this agent only increases the pain. In such instances caffeine is a better agent. Morphia will, with a few, prove to be the best remedy, but as a rule it is not admissible uncombined with the potass. brom. Belladonna, aconite, and cannabus ind. will each occasionally benefit a case.

Where nausea and vomiting occur with each attack the bromide commenced early will often prevent the culmination of these symptoms. In all cases quietude should be enjoined and a few hours' sleep secured if possible.

One case of mine is always relieved by the hypodermic use of morphia, and a number of others keep the bromide and morphia solution constantly at hand, others simply the bromide alone. Another finds prompt relief in the use of caffeine, while many others have not found any considerable relief in any agent or means yet resorted to.

In all cases the hot foot bath should be resorted to for a half-hour, into which mustard may be thrown with advantage. Generally in those not relieved some extraneous exciting cause exists, for which the subjects either refuse to use the means of treatment or use them so irregularly that they receive no benefit.

Often a pernicious habit must be left off, or the occupation or location changed, before any agents will prove of material benefit. In all cases strict care should be given to the habits, surroundings, occupation, in short, the patient should be brought under close observation for quite a period, and any causes observed removed, and the attacks combated from the start of them, and thus, after long patience and perseverance, success will crown the efforts for relief.

Anstie mentions the fact that some cases are aggravated and the continuance of the

* *The Clinic*, April 12, 1873, p. 169.

disease prolonged by the long avoidance of oleaginous articles of diet. In such cases he recommends a resumption of this class of articles and the use of cod-liver oil. In one of my cases, where the patient was the frequent subject of a distressing migraine, the ol morrhuæ was prescribed and long continued for other reasons than the disease in question. The migrainous attacks gradually became less frequent and less severe, and long before the remedy was discontinued quite ceased to come at all.

In cases attended with great nervous exhaustion phosphorus is one of our *most valuable agents*, and can well be given with the cod-liver oil. These two agents, to be effectual, should be continued for several months, especially the oil.

Where biliousness, foulness of stomach, or lack of renal secretion is present, these, of course, must be corrected, but these, in the vast majority of cases, should not be looked upon as the primary cause of the migraine.

MILK-SICKNESS, ITS CAUSES AND TREATMENT.

By Stephen V. Crooks, M. D.,
Of Lake, Indiana.

It has been my fortune to meet with a large number of these cases. Notwithstanding the obscurity surrounding the inciting cause of this disease, it is somewhat singular that a considerable portion of the profession have doubted its existence; the incredulity, however, being confined to city practitioners, and physicians whose labors are confined to the densely populated districts, hence it is not so remarkable after all that *they* should be skeptical as to the existence of the disease known as "Milk-sick." The same amount of evidence ought to be as convincing in this matter as in many other things, equally as little understood.

That there should be great discrepancy of opinion among those who profess to be familiar with the disease, and its cause, under what circumstances it is developed, kind of locality, etc.,etc., is not surprising. It is to be expected, however, that the intelligent physician will not take this discrepancy as a basis upon which to found a rational and logical conclusion, for the most observant and scientific men, set to work upon a subject or principle of doubtful character, a subject not susceptible of mathematical demonstration, and they will bring forth a congeries of inconsistencies that will defy all attempts to render practical; and much more so would be the case with that class of persons who have had least to do with the subject under consideration.

Country practitioners, not accustomed to arranging their observations with reference to a scientific basis or combination of facts leading to an inevitable conclusion, are not the best class of persons to found and impress a theory; still every reading and reflecting man need not be told there should be due allowance for want of that experience.

It would be well to remember also in this view, that most writers enter the field with some favorite theory to support, to do which they are likely to tax their ingenuity to the utmost tension.

And further, there might be an equal array of contradictory statements with reference to not a few of the recognized facts in the science of medicine.

What do we know as to the proximate causes of many diseases more than in this? What do we know as to the causes and laws regulating and propagating the various contagions? What do we know concerning that still, if possible, more mysterious agent called malaria? It is said to be a peculiar, indefinable, and inappreciable something that produces malarious fever; a form of fever the existence of which no one pretends to question.

Now, we can safely say the cause of the disease in question depends upon some peculiar, incomprehensible something, the result of which upon cows, hogs, horses, etc., is "*trembles*," "*tires*," and upon the human subject "*Milk-sickness.*" These are evidently parallel cases; the one is as conclusively established as the other, resting upon the same unexplained and mysterious basis; and although their causes are vague and imperfectly understood, no one questions the effects attributable to their respective supposed causes.

My own practical observation in a country where it prevails, and information derived from a grandfather and father, both graduates, and their joint experience of about forty years in its treatment more or less every year, is evidence of the existence of a disease "*sui generis*" known as "*Milk-sickness*," which I cannot doubt.

That stock in grazing in certain localities contract "*trembles;*" that milch cows will

impart it to their sucking calves, of which they will frequently die; that the flesh or milk of an animal imbued with this poison taken into the human system will produce the same effects as "*trembles*" or "*tires*," and often, in a more aggravated form, as inflammation of the stomach, excessive vomiting, with a train of symptoms and effects known as "*Milk-sickness*," are truths sustained in my mind by incontestable testimony.

Pathology. It appears, from those who have had an opportunity for post-mortem examinations, that this disease consists mainly in *Gastro-duodenitis.* And all the evidences and symptoms throughout the entire course of the disease go to confirm the existence of gastric inflammation, and that, too, of a specific character.

There are several evidences of the "*sui generis*" character of the gastric irritation, among which we might mention the fact that *alcoholic* stimulants agree with the patient in every stage of the disease. Indeed, stimulants are necessary in the treatment of the disease, as will hereafter appear, and this fact rather accords with the practice of administering alcoholic stimulants in the bites of venomous insects and reptiles, thereby corroborating the doctrine that the cause of the disease is an animal poison of a *peculiar* or specific character.

Symptoms. The ordinary symptoms of an acute or violent attack of the disease are not materially unlike those of gastritis. The patient complains of being restless and uneasy, unusual prostration, giddiness in the head, often muscular soreness, loss of appetite, and great aversion to muscular exercise. In the premonitory symptoms, the latter is the most prominent, and finally sickness and vomiting occur, with an indescribable, uneasy, burning sensation in the stomach.

The bowels are uniformly constipated, a condition that is overcome with great difficulty. These symptoms may all occur within the first twenty-four hours, but, more frequently, the disease is more insidious in its approach, the initiatory stage being a slight lassitude, loss of appetite, soreness of the muscles, little inclination to exercise, and *obstinate* constipation. This condition will not always terminate in sickness of the stomach and vomiting, but will occasionally pass off without either by the timely administration of the proper remedies, among the most important of which, at this stage, is free purgation.

Treatment. When vomiting supervenes, as most likely it will in a large majority of cases, it is the prominent feature, and the allaying of the gastric disturbance the special indication.

Most writers lay down the relief of the constipation as the first indication to be fulfilled, and true, this is a matter of very great importance. But the difficulty of administering purgatives while the stomach is so irritable precludes the possibility of effecting free purgation until the excessive vomiting is somewhat arrested. It is therefore regarded by those most familiar with the disease, in my part of the country, that an effort to arrest the vomiting is the better practice.

Different practitioners have different modes of procedure, and various remedies upon which they rely. The most usual means are, blistering over the region of the stomach, the administration of sulph. morphia, hypodermically and endermically, and the free giving of alcoholic stimulants from its incipiency. These means will, as a general thing, if not totally arrest the vomiting and the more violent gastric disturbance, abate them very much. During the truce, or temporary cessation of vomiting, Epsom salts and magnesiæ calc. P. E. should be frequently given in doses of a tablespoonful as often as the stomach may seem to tolerate the medicine, until free operations upon the bowels shall have been obtained.

During this entire time I should give whisky to an intoxicating extent if possible. It is perfectly astounding what a quantity of stimulants a person laboring under a violent attack of this disease may take without producing any intoxicating effect. In the first stage of the treatment, of course, much of the whisky, as well as the other things, taken upon the stomach will be ejected; but the spirits should be continued after each act of vomiting until its general effects are very perceptible.

These two objects accomplished, the excessive irritation of the stomach allayed, patient freely purged, he is literally well, so far as ultimate danger is concerned, but left in an exceedingly prostrate condition; hence the diet should be light and nutritious.

The practice of administering calomel or

mercury, in any form, in this complaint, is generally abandoned by our physicians, unless there are other reasons aside from an uncomplicated attack. And, however incredible it may appear, it is nevertheless true, we no more expect to lose a patient from "*Milk-sick*," than a case from an attack of the ordinary chills and fever.

Medical Societies.

MEDICAL SOCIETY OF WEST VIRGINIA.

The sixth annual session of the Medical Society of the State of West Virginia convened in the M. E. Church South, Parkersburg, West Virginia, on Wednesday, June 4th, 1873, at 2 o'clock, P. M.

The session was called to order by Dr. R. P. Davis, of Parkersburg, second Vice-President, and opened with prayer by Rev. F. B. Carroll.

After the roll was called, Dr. R. P. Davis, in feeling remarks, referred to the Society's calamity since its last session, in the death of its late President, Dr. Robert H. Cummins.

In the absence of Dr. W. J. Bates, chairman, the report of the Committee on Publication was read by Dr. Hupp, and on motion placed on file.

Dr. J. C. Hupp, of Wheeling, Treasurer, presented his report, showing the Society to be in a very healthy condition, financially.

Dr. S. L. Jepson, of Wheeling, read an elaborate report on New Remedies, which, on motion of Dr. M. S. Hall, of Ritchie county, was referred for publication.

In the absence of Dr. J. Pipes, his report on New Surgical Appliances was read by Dr. Jepson and referred for publication.

Drs. D. D. Steere, J. R. Lowry, and F. J. Elliott were admitted to membership.

Necrosis of the Thigh Bone, by Dr. J. T. Nicklin, of Tyler county, was read by Dr. Jepson. Four inches of the dead thigh bone, which Dr. Nicklin extracted from the patient's thigh, was before the Society for inspection. The patient recovered without lameness. The paper was referred for publication.

On the Process of Formation of New Bone, interesting and instructive remarks were made by Dr. John Frissel, of Wheeling, and others.

Dr. Isaac O. Broy, of Fetterman, read his essay on "The Mind Kills the Body," which was referred to the Committee on Publication.

Dr. J. C. Hupp offered the following, which was adopted:—

Whereas, It is important that this Society should definitely know the number constituting its membership, and whom and to what medical associations it sends delegates exchanges transactions, etc.; therefore,

Resolved, That the Secretary be required, hereafter, to report at every annual meeting:—1st. The number of members to date of his report, and the number of Honorary Fellows. 2d. The increase during the year. 3d. A list of those he has furnished credentials as delegates to other Medical Associations. 4th. A list of those he has furnished certificates of membership. 5th. The number of Medical Societies organized as auxiliary of this Society, and such additional official information as he may deem fit to lay before the Society.

Dr. E. A. Hildreth, of Wheeling, read his report on the Medical Botany of the State, which was referred for publication.

Dr. John Frissell, of Wheeling, read a voluntary paper, setting forth his views on *cephalic version*, and reported an illustrative case. He also read an interesting paper, giving very graphically his trials and triumphs in operations on cases of *certain forms* of fistula.

Dr. J. T. Nicklin made extended remarks on cephalic version, which were listened to with great interest and attention, as he claims priority in the operation to *all others*, having performed, with success, the operation for the first time at as early a date as November 27th, 1833.

Dr. M. S. Hall, of Ritchie county, stated his experience on the same subject.

A very animated and general discussion on this profoundly interesting subject followed, which was participated in by Dr. Reed, of Meigs county, Ohio, and the members generally.

Dr. Frissell's papers were referred to the Committee on Publication, with instructions that they appear in the published transactions.

Dr. Wesley H. Sharp, of Volcano, presented a volunteer report on diseases prevalent in and incident to Wood and Pleasants counties. The report, on motion of Dr. Jepson, was referred for publication.

Dr. H. W. Brock, of Morgantown, read a brief biographical sketch of the late Dr. F. C. Shepherd, of Bruceton Mills, Preston county, which was referred to the Committee on Publication.

Dr. Hildreth in the chair.

Dr. Rezin P. Davis, of Parkersburg, reported a case of injury to the skull and brain by "slung-shot," apparently slight when received, but followed by death. Ordered to be published.

Dr. Davis also reported verbally a case of injury from gunpowder, in which two pieces of wood, each two inches in length and more than one-sixteenth of an inch in thickness, were driven into the brain, and recovery followed. A request was made to prepare and furnish a full report for publication.

Standing committees were announced by the President.

Dr. M. Campbell was appointed a delegate to the Ohio State Medical Society.

Dr. G. Baird was appointed a delegate to the State Medical Society of Pennsylvania.

Essayists to report at the next meeting, Drs. H. W. Brock and L. C. Hunt.

Officers elected for the ensuing year.

President—Dr. M. S. Hall, of Ritchie county.

1st Vice President—Dr. A. L. Knight, of Mason county.

2d Vice President—Dr. T. A. Harris, of Brooke county.

3d Vice President—Dr. J. M. Cooper, of Wood county.

Secretary—Dr. Wm. M. Dent, of Preston county.

Treasurer—Dr. John C. Hupp, of Ohio county.

After appropriate remarks by the President, Dr. R. Davis, the Society adjourned to meet at Morgantown, on the second Wednesday of June, 1874, at 2 o'clock P. M.

Biography.

Baron Liebig.

Prof. C. A. Joy furnishes to *Cap and Gown* the following interesting review of the career of this great man, which will interest our readers, and is worthy of permanent record.

The death of Baron Liebig will create a profound sensation throughout the civilized world. No chemist of the present century was better known, and not one has contributed more abundantly to our knowledge of natural phenomena or has proved a greater benefactor to his race than this illustrious man, who, at the good old age of threescore years and ten, has just now been gathered to his fathers. The career of Liebig affords an apt illustration of the axiom that all great men are the architects of their own fortune. Born of very poor parents, at a time when science was not considered to be a career for any man to pursue as a profession, with no friends to encourage, no patron to sustain him; with everything against him, and nothing for him, he rose superior to his adverse circumstances and overcame all the obstacles that to nearly any other man would have proved insurmountable, and lived to become the most renowned chemist of his age. When a mere boy, in his native city of Darmstadt, his family were anxious to apprentice him to a trade, as it was impossible for them to furnish the means requisite to pursue a university course; but fortunately Government had set aside a small stipend for the instruction of such youths as were commended for their industry, and were too poor to go to school. Young Liebig applied to be put upon one of these foundations, but he was so insignificant of stature, and so poorly clad, that the Minister of Education would not listen to him at first, and it was only by constant application that he fairly harassed that officer into granting him a subsidy. Thus by degrees, and under the most distressing cares of poverty, he was enabled to go through the high school and to enter the University. While he was at the gymnasium of Darmstadt the Director was in the habit of making the tour of the school and of asking the boys what they intended to be when they grew up. From young Liebig he received the invariable answer, "I intend to be a chemist;" and the Director would always say, "You stupid boy, there is no such profession as chemist." It was really true; and it was Liebig himself who was destined to found a school of chemistry, and make the science an avocation and a profession that any man might be proud to follow. In the spring of 1823, when just twenty years of age, Liebig went to Paris, where he hoped to obtain admission into the laboratory of the great French chemist Gay-Lussac. Without friends, without money, a mere stripling in age and appearance, the chances were of the most discouraging order. He did not despair, but found means to make an investigation into the true chemical constitution of Howard's Fulminates of Silver and Mercury, which research was deemed of sufficient importance to be read at a meeting of the French Institute. This event, which proved to be the turning point in the career of Liebig, occurred on the 28th of July, 1823. After the adjournment of the meeting, with cap in hand and with a longing desire for some word of approbation and some token of sympathy, the boy, for he was scarcely more, went forward to gather up the tubes in which were contained the specimens he had prepared to accompany the reading of the paper; and while thus engaged a man of noble appearance and affable bearing approached the table and drew him into conversation. The ingenuous student freely confided to the stranger his true condition and his wants. The stranger had just returned to Paris from a long journey, and few persons were aware of his presence in the city. He invited Liebig to dine with him on the following Thursday, but the bashful youth, ignorant of the customs of society, and too diffident to ask the name of his new friend, was unable to keep his appointment, as he did not know where to go. A few days subsequently he met a casual acquaintance, who at once upbraided him for not appearing at the dinner which Baron Von Humboldt had prepared for him, and to which had been invited the leading chemists of Paris. Liebig did not wait to hear more, but hurried to Von Humboldt's residence, to offer such apologies as were in his power. Seventeen years afterwards, when dedicating his first great work on Agricultural Chemistry to Von Humboldt, Liebig wrote:—"This interview was the

foundation of my future prosperity. I had gained for my scientific purposes a most powerful patron and friend. Unknown, without recommendation, in a city where the influx of so many men from all parts of the world offers the greatest obstacle to a nearer personal contact with the distinguished scientific residents of the metropolis, I should have been unnoticed, like many another in the multitude, and perhaps have sunk out of sight; but now my success was assured." Von Humboldt at once took him under his protection, introduced him to the leading chemists of Paris, and through this recommendation he obtained admission into Gay-Lussac's laboratory, and there made the acquaintance of Dumas, who had also come as a poor boy from Switzerland, and who remained his life-long friend, and now survives him as perpetual secretary of the French Institute, of which Liebig also became one of the eight foreign associates. Liebig's stay in Paris was not long, as he was invited to take a Professorship in the University of Giessen, and it was here that he laid the true foundation of his fame. There was at that time no school of chemistry in Europe. There were a few private laboratories where instruction could be obtained, but there was no school. It fell to Liebig's lot to be the real founder of laboratory practice. He built the first working laboratory in Germany, and established the first school of chemistry. If he had done no more his name would have been indissolubly connected with the revolution in modern science; for among his pupils are to be counted the most distinguished chemists of the world, and, as a teacher, his influence has been productive of untold advantage. But he did not stop here; he set the example of productive industry. One research after another was published in the journals, and by his popular writings he did more to disseminate a knowledge of agricultural chemistry, and of the laws of physiology, than any man who ever lived. The citizens of Giessen built and presented to him one of the handsomest residences in the town. The Grand Duke, in recognition of his services, raised him to the rank of Baron, and from all parts of the world insignia of honor were conferred upon him.

In 1852, after he had devoted nearly 30 years to the building up of modern chemistry, he received a call to go to Munich, there to found a new school. It was with great reluctance that he severed the ties that had bound him to the University which had first adopted him; but he felt that he was entitled to some rest from the severe labors attending upon laboratory instruction, and this consideration induced him to accept a new position where he could devote all of his time to private research, or to the ordinary lectures of the University. At Munich he only accepted a few private pupils who were far enough advanced to aid him in his researches; but, as in the meantime schools of chemistry had sprung up in all parts of Europe, there was ample opportunity for students to pursue the path pointed out to them by the great master, and he could well be excused from the drudgery of teaching.

During the 20 years of his residence at Munich, Liebig has been like a husbandman gathering in the harvest of the crops that many years of careful tilling had brought to perfection. The seeds of invention and discovery, sown broadcast over the world by this investigator, had taken root, and the harvest was greater than any man could have foreseen. Instead of gathering all this store into his own garners, to enrich himself, his chief anxiety has been to make the world share in the benefits, and the last years of his life have been devoted to ameliorating the condition of the poor, by the introduction of cheap food, or by a dissemination of correct scientific information on the common affairs of life. Liebig combined the rare talent of original research with that of an eloquent and fluent writer.

He was one of the most felicitous authors in Germany. His celebrated "Letters on Chemistry" have never been excelled in any language, and even in translations they gained access to many nations, and are everywhere a household word. In the Catalogue of Scientific Papers, compiled and published by the Royal Society of London, the mere list of Liebig's contributions to Science covers nearly eleven large quarto pages of print, and embraces 317 titles. His first paper was on "A Peculiar Green Color;" his last had reference to fermentation, or the formation of muscular tissue.

During the last few years Liebig's health has been far from good. He broke one of his legs, a few years since, and the bone was never well knit, so that he was obliged to use a cane while walking, and the difficulty of getting about prevented him from taking enough exercise to maintain a good physical condition. As he had formerly been a man of active habit this confinement wore upon him, and proved excessively irksome, and it seriously interfered with laboratory work. The most intimate friend and constant correspondent of Liebig in Germany was Professor Woehler, of Gœttingen, who, although several years his senior, still survives him. Those who know Woehler well often say that he is a more profoundly scientific man than Liebig, but he is less known to popular fame, and it would be invidious now to institute any comparison.

Among the distinguished pupils of Liebig in the United States may be mentioned Professor Whitney, Professor Gibbs, and Professor Horsford, of Harvard; Professor Johnson and Professor Brewer, of Yale; and Professor Rood, of Columbia.

No scientific man has bequeathed a greater legacy of benefits conferred, of work accomplished, of obstacles overcome, of more cheering encouragement, of a purer life, and of a more sincere love for his fellow man than Liebig. He lived for mankind, and has left behind him a record that shall endure as long as the world stands.

Editorial Department.

Periscope.

The Employment of Ergot in Cancer.

In the *Obstetrical Journal*, for May, there is a report of Dr. Milne's exposition of the treatment of uterine cancer.

Dr. Milne referred to the caustic plan of treatment. He said that one of the foremost advantages of the method was the lesser tendency to a recurrence. Zandolphi and others had amply attested this. As regards the cause of this success, he thought it was owing to the caustic possessing, in addition to its corrosive property, an alterative and eclective influence. Nitric acid and nitrate of silver are beneficial in chancre; they destroy the morbid part, and induce a healing sore. In like manner it is reasonable to suppose that certain powerful caustics may operate similarly in the case of a cancerous ulcer, not only severing the morbid part, but promoting a healthy cicatrix behind. Then they may penetrate and search out and destroy those deeper morbid cells which are removed some way from the parent tumor and which insure its recurrence. It was far from contended, even if certain kinds of caustics possessed the eclectic power, that they would invariably succeed in effecting a cure; for just as there had been recurrence after the spontaneous sphacelus of a malignant tumor, so would there be after the destruction effected by escharotics; but it was maintained that recurrence was rarer than by the method of excision. The caustics recommended by Dr. Milne were the chloride of zinc, the dried sulphate of zinc, and the nitrate of copper; and the cases suitable were all those of encephaloid, carcinoma, and epithelioma, where the cervix only was involved. Although one would not perform excision unless there was only a small portion of the cervix attacked by the growth (and indeed many surgeons refuse to operate unless in cauliflower excrescence of limited extent), the escharotic method might be resorted to, and with benefit, when the disease was much more extensive, and for the following reasons:—First, the caustic does not excite peritonitis like the knife, while it corrodes its way upward beyond the remotest part practicable by excision. Secondly, there is no dragging down of the uterus required, with its risks of collapse, etc. As regards the mode of application of the caustics, the dried sulphate of zinc was to be first used, being applied to the cervix pretty freely through the speculum, the vagina being immediately thereafter plugged with cotton wool tipped at the uterine end with a little olive oil. This was to be applied until a slough came away, after which the cervix was to be injected with a saturated solution of nitrate of copper. This was done in order to attack any morbid cells lying beyond the sore from which the slough had separated. We might witness a healthy-looking sore after separation of the slough, but we were not to fold our arms and lapse into an easy contentment; for underneath the pretty-looking surface there might lurk the microscopic cells, sure guaranty of a fresh growth. No caustic seemed better adapted to elect, attack, and destroy these than nitrate of copper.

In reference to the function of ergot given internally in cancer, Dr. Milne observed that it had usually been administered, and with benefit, as a hemostatic; but he believed it had another effect, it led to the atrophy of the uterus. This was an original observation, which he claimed to have been the first to make. If it had the effect, and the author was convinced that it had, then its therapeutic power was greater than had been previously imagined, and could not but be viewed as of great value in uterine cancer. It was not only important to diminish the afflux of blood to the uterus, and thereby combat uterine congestion, a congestion present in malignant disease, but it was no less so to induce uterine atrophy. This atrophy was natural after the change of life, at which period cancer advanced more slowly; and if we could antedate it, it would be reasonable to suppose that the progress of the dire disease would be retarded. In point of fact he had found such to be the case. The ergot, he said, should be given for a protracted period, intermitting it occasionally, if any of the bad results named in books appeared. He had never found such, however. Dr. Milne, in conclusion, related his experience of the ergot and escharotic form of treatment. He had cured two cases of cauliflower excrescence, and in three medullary ones he had retarded the disease at least. In one of these he thought a permanent cure would be effected, while as regards the others there had been a diminution of pain, of bleeding, and of offensive discharge. These latter, moreover, would fail to kill so soon as under the old plan of treatment. Even though this latter result, viz., a postponing of the period of dissolution, was all that could be achieved, it was yet worthy of our most devoted efforts. The great drawback in uterine cancer was the late period at which it came under professional notice. Usually the whole cervix and contiguous parts were involved, and every form of treatment was thus debarred. But let it be seen when limited to a part only of the cervix, and there was every hope that the ergot and

caustic treatment would frequently cure, and often mitigate the more distressing symptoms while postponing death.

On the Treatment of Supposed Stricture of the Cervix Uteri.

Mr. WILLIAM CUMMING, F. R. C. P. E., Edinburg, writes to the *British Medical Journal*:—

True stricture of the cervix uteri is rare; not so rare, certainly, as is stricture of the urethra in the male who has not had gonorrhœa, but nearly so. Incision of the cervix, or hysterotomy, therefore, for the cure of stricture, should be one of the rarest operations in obstetric surgery. But of late years it has not been so; and it may be a legitimate inquiry, what purpose it has served when the consequences seemed to sanction its use, which unquestionably they often do.

1. There may be, or rather there is often, a quasi-stricture at the internal os, when there is congestion, hypertrophy, or other disease of the lining membrane of the uterus. This condition is relieved temporarily, it may even be cured permanently, by the hemorrhage resulting from the incision. In my own experience, the relief generally is only temporary.

2. The same condition of quasi-stricture exists when there is hypertrophy of the body of the uterus, in many instances induced by the efforts to expel the clotted menstrual and the accumulating leucorrhœal discharges. In such cases, the hemorrhage, coupled with adequate general treatment, reduces the hypertrophy, prevents accumulation, and helps to restore the healthy state of the lining membrane, and so relieves the supposed stricture.

3. The preceding condition is almost invariably connected with enlargement and congestion of the ovaries, either as cause or as effect; and the same hemorrhage reduces and relieves this.

But the operation, if effectually and thoroughly performed, is one of very considerable risk, especially when followed by the introduction of sponge- or tangle-tents. The interesting mechanical, or rather dynamical, experiments of Dr. Matthews Duncan prove with what force these bodies act; and it is not difficult to estimate (if it were not sufficiently and disastrously confirmed by experience) the mischief that must in too many cases result from the laceration and irritation of the delicate textures cut into by the incision. How often this mischief has succeeded the operation, probably no one knows. Is, therefore, the operation altogether unjustifiable? I do not say so; but, as a *cure* of this quasi-stricture, it should be almost the rarest operation in surgery. Is it justifiable as a cure or relief of the conditions I have alluded to above? I believe not, for these reasons: 1. Because it does not, as a rule, either cure or more than temporarily relieve these morbid states; 2. Because it is always attended with danger; and that danger is increased the nearer the incision approaches to the internal os and the various plexuses adjoining, where the supposed need for the operation exists; 3. Because there is a much more simple, and, in my opinion and experience, less dangerous treatment that may be employed with a larger probability of success. I cannot say utterly without risk, because every gynæcologist knows that, while there are some uteri to which almost anything may be done with impunity, there are others to which nothing can be done without startling, even fatal, results. I have known the gentle introduction of a moderate sized bougie lead to violent metritis, extending to the appendages, and not recovering from without permanent mischief; and I have also been cognizant of the same leading to acute suppuration of the ovary. But these results are so rare that, except as warnings to be both preparatory and cautious, they need scarcely be taken into account; and my present belief is, that if the gentle depletion I am disposed to advocate were employed before using the bougie, such complications would, probably, never occur.

Assuming, therefore, that true stricture is extremely rare, and that incision of the ora and cervix uteri, with subsequent dilatation by tents, is unnecessary, and may be, and often is, injurious, but that the hemorrhage resulting from it is beneficial, I have long practiced, with fair success, scarification of the os uteri, followed by dilatation with graduated bougies. By scarification the amount of blood abstracted can be limited; as much or as little can be taken away as is thought necessary (which with leeches cannot be done); congestion of the lining membrane of the womb and of the ovaries is relieved and the passages are relaxed. By this means the bougie is more easily introduced; certainly requires less force in its use; does not rouse or increase irritation of the canal and interior of the uterus, probably even soothes them; and if there be any deposition of lymph environing the cervix, facilitates its absorption.

It is satisfactory to observe that there is now a tendency to return to the more simple and less meddlesome treatment of uterine disease, and to discourage heroic modes, the details of which are sufficient to make one's hair stand on end.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Report of the Board of Health of the City and Port of Philadelphia, to the Mayor, for the Year 1872. Philadelphia, 1873, paper, pp. 123, 136.

This interesting report will be welcomed by all engaged in the compilation of vital statistics as a valuable contribution to that

branch of scientific literature. One of the results it shows is that the system of registration is defective in many respects. The Board say they are convinced that the number of births reported fall short of the actual number about 20 per cent. The number of deaths were largely increased, owing principally to small-pox. This disease receives special attention in the Report, and the value of vaccination is triumphantly vindicated. In reference to virus, the Board states as their opinion that "humanized virus, if obtained from a typical vaccine vesicle, however far removed from the cow, is as efficacious as bovine virus itself (p. 69, Appendix). This position we have constantly maintained in this journal, against those interested in the sale of "non-humanized virus," who seek, in an inexcusable manner, to depreciate the value of that which is obtained from human subjects.

Consumption, as usual, takes the lead among the fatal diseases throughout the year, the deaths from it being about 12 per cent. This is slightly less, about one and a quarter per cent. less, than the average for previous years, and as much as two per cent. less than the average from 1807 to 1860. Possibly this diminution is more apparent than real, but the authors of the Report "are inclined to believe that the decrease represents an actual amelioration in the fatality of the disease." This opinion we also adopt, and believe it is owing chiefly to two causes, the greater facilities for change of climate afforded by modern means of locomotion, and the adoption of the supporting plan. Dr. Williams, in his last work on consumption, declares that these causes have certainly diminished deaths from consumption in England, and notably protracted the duration of the disease.

Cholera infantum was also very fatal, and the Board recommend the erection of camping grounds and country sanitariums for mothers and infants in the hot weather.

The numerous charts with which the Report is illustrated are admirably prepared, and add much to its interest. They represent the relation of weekly mortality from various diseases to the meteorological conditions etc. For these and most of the digests of the returns we are indebted to the able pen of Dr. Wm. H. Ford, and for the very complete report on small-pox to Dr. W. M. Welsh, physician in charge of the Municipal Hospital.

The Mineral Springs of the United States and Canada, with Analyses and Notes on the Prominent Spas of Europe, and a list of Seaside Resorts. By Geo. E. Walton, M.D., etc. New York, D. Appleton & Co., 1873. 8vo, pp. 390. For sale by Porter & Coates.

We welcome this book as the first attempt at a rational, scientific description of the mineral springs of our country, free from local bias and the suspicion of advertising either the author or any particular springs. It is a work which has long been needed, and which Dr. Walton, considering the difficulties he has had to encounter in the way of getting correct information, has surprisingly well done.

After a brief historical sketch of the mineral waters famed of old, and of bathing in general, he defines the various kinds of springs, and enters into the debated question of the classification and therapeutic action of mineral waters. The main headings he adopts in classifying springs are alkaline, saline, sulphur, chalybeate, purgative, calcic, and thermal waters. This is far from a satisfactory arrangement, as thermal waters may embrace either of the other varieties, and the temperature of water itself is very variable; moreover, it is a mixed, partly chemical, partly thermometrical, partly medicinal classification, inferior to either the German or French.

In reference to action he agrees with Trousseau, Donné, and most other writers, that there is a positive efficiency in mineral waters, sometimes entirely inexplicable by any laws yet discovered of the action of their constituents. The chapter on therapeutic is carefully compiled from the best Continental authorities, and while positive in tone does not go too far. There is an air of exaggeration, often gross and repulsive, about most circulars, and even works on mineral water, which our author rightly condemns and wisely avoids.

The various springs are catalogued under the classification given above, and under each is given its location, post-office, means of access, name of the hotel or hotels, analysis, when any has been made, and brief remarks on its history and special characteristics.

The last two chapters on European Spas and seaside resorts would have been better omitted altogether, as they are meagre, and their place is already supplied by far more full works, easy of access in every library.

Several maps and a good index add materially to the usefulness of the book.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 12, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

WORK AND AGE.

We have already referred, in the REPORTER, to the highly interesting researches which Dr. GEO. M. BEARD, of New York City, has been making in reference to the relation of work to old age. This general question is to be made the subject of a volume by him in the near future, and some of his results he has anticipated in the address we previously commented upon, and, also, in an essay read before the New York Medico-Legal Society, on "Legal Responsibility in Old Age." In this latter paper he rehearses the general ground of his thesis, and answers some of the objections which have been urged against it.

The position Dr. BEARD maintains, he remarks, "is in the highest degree unpopular," but, notwithstanding this, he takes evident pride in adding, "no one has yet pointed out serious error in the calculations." What he urges is, briefly, as our readers may remember, that the mental powers decay *pari passu* with the physical ones; that increasing years beyond two score are but increasing senility, in an intellectual sense, and that advancing age is associated as the law with mental weakening, or, to let him state his propositions in his own words:—

"The broad fact, then, to which statistics lead us is that the brain follows the same line of growth, maturity, and decay as the rest of the body; that the nervous, muscular, and osseous systems rise, remain and fall together, and that the received opinion that the mind, of which the brain is the organ, develops and matures later than the power of motion, or of physical labor and endurance, is not sustained by the facts of history."

Now, is this simply the reiteration of a truism, or is it the announcement of a psychical discovery of importance? Nothing is more familiar than the second childhood of the very aged, and the failing powers that presage its advent. Certainly, this is not what Dr. BEARD wishes to emphasize. No; he gives the following table as the

"GENERAL RESULTS OF THE INVESTIGATION.

The golden decade is between			30	and	40
The silver	"	"	40	"	50
The brazen	"	"	20	"	30
The iron	"	"	50	"	60
The tin	"	"	60	"	70
The wooden	"	"	70	"	80

Seventy per cent. of the work of the world is done before 45, and eighty per cent. before 50. The golden decade represents about twenty-five per cent. more dates than the silver. The difference between the first and second half of the golden decade is but slight. The golden decade alone represents nearly one-third of the work of the world.

The best period of fifteen years is between 30 and 45. Over one thousand dates are found between 25 and 45. The advantage of the brazen over the iron decade, of 20 and 30 over 50 and 60, is very striking, and will cause surprise.

There is considerably more work done between 30 and 40 than between 40 and 45."

He is right. This is "very striking, and will cause surprise," if from these premises his conclusions are allowable. Let us hear how he has constructed the above table:—

"I have prepared a list embracing nearly all of the greatest names of history, whose lives are recorded in sufficient detail to be of value in such an investigation, and have noted the age at which they did the original work by which they have gained their fame.

I have noted the ages at which philosophers have founded and announced their systems; at which divines and religious teachers have originated their creeds, and have been most effective as preachers; at which statesmen have unfolded their highest acts of legislation, of diplomacy, and reform; at which men of science have made their greatest discoveries, and written their best works; at which generals and admirals have gained their greatest victories, and carried on their most successful campaigns; at which lawyers have led the bar, and physicians made their explorations in medicine, and artists have painted their masterpieces; at which musicians have composed and performed their most illustrious creations; at which architects and engineers have planned and executed the greatest monuments to their memories; at which actors and orators have been at the zenith of their power, and at which teachers and professors have led eras in the service of education. From these data, which, though not absolutely exhaustive, are sufficiently so for a final and convincing settlement of the questions involved, I have derived the period, the decade and year of maximum productiveness, and the various grades."

As Dr. BEARD very justly remarks, this is not a question of emotion or of sensitiveness, but of fact; no matter how unpalateable the news that we are all likely to go backward after our eighth quinquenniad, if it is so, by all means let us know it. We accept at once Dr. BEARD'S historical labor as accurate, and on the basis of his own figures, given above, we shall examine his argument. It is, to our mind, an instance, of the most striking kind, of that lack of logical principles in the management of statistics which we commented upon in an editorial on the importance of metaphysical training a few weeks ago.

Let us take his statements one by one. The dates in life of the above mentioned greatest achievements of single lives he has marked down, say in a thousand eminent instances, and he finds that "the golden decade (30 to 40) represents about twenty-five per cent. more than the silver." Does this, indeed, show that men between 30 and 40 are more capable than between 40 and 50? Dr. BEARD says so, and supposes that this fact itself proves it. But he leaves out of account one most important consideration. He fails altogether to correct his dates *by the tables of mortality.*

There are not so many men living in later as in earlier life; and the proportion is not a simple one of work to age, but a double or compound one of work to age, and of age to mortality. To take a homely comparison: if we say, "Seventy-five per cent. of the dinners in the world are eaten by persons under fifty," we state an approximate fact, but it does not justify us in drawing gloomy conclusions of the failure of the dinner-eating power after that age, the true cause being simply that 75 per cent. of those born die before fifty.

To apply this test to Dr. BEARD'S figures. According to the statistics compiled by Dr. Edward Jarvis of 1000 persons born in France there live

To 20 years	630
To 40 "	465
To 60 "	205
In Belgium, of 1000 there live	
To 20 years	534
To 40 "	409
To 60 "	272
In England, of 1000 there live	
To 20 years	663
To 40 "	538
To 60 "	368

The mean number of persons living in these three countries between the ages of 20 and 40 is 539, against only 341 living between 40 and 60 years of age. Hence, if the amount of work done by those past 40 was exactly equal in each individual instance to that done by each between 20 and 40, the younger men would still do considerably more than sixty per cent. of the work, because their number is greater. Dr. BEARD does not give in figures the "advantages of the brazen over the iron decade," which, he says, "will cause surprise." Relatively to the number living, if they all work equally and with equal powers, the former should do nearly three times as much. Making this correc-

tion Dr. BEARD'S figures rather prove the increased activity and fruitfulness of the older minds. For we must remember that in practical life very generally after fifty the great stimulus to exertion, necessity, is removed, and many able to produce do not so, as they do not care to labor. Then, too, in eminent men, the social calls upon their time are incomparably greater in age than in their obscure youth, and they have not so much leisure to work. Physical infirmity harasses them more, and often unavoidable private cares of property and relatives rob them of their hours. All these drawbacks considered and allowed for in the estimate, we are prepared to turn Dr. BEARD'S figures against his own theory. He asserts that 25 per cent. of the work of the world is done after forty-five; we say this proves that those who survive beyond that age have not less but more active minds, and accomplish more in proportion to their numbers than those of younger years.

We have taken these pains to show the error of his position and the groundlessness of his theory, because we recognize in it the scientific side of that morbid materialism which finds such strong expression in modern literature, notably in the poetic works of Matthew Arnold and William Morris, the two most eminent of England's later bards. The gloomiest ode of Anacreon—and who is gloomier at times than was that wonderful and joyous old man?—does not surpass these singers in depicting

"The abhorred approaches of old age."

Sad enough are the physical ills that surround it, grievous enough the thought of the clouds that darken its extreme verge; terrible enough the unguessed possibilities of the future, without adding to these burdens by fancied ills.

We cannot, indeed, to quote a famous line of Racine,

"Reparer des années les irreparables outrages,"

but we need not, therefore, overcast our earlier years with baseless anticipations of premature senility, but rather we are justified, both by sound anatomical teaching and the lessons of history, in saying it is perfectly possible for us, if we choose,

"To have our life
Mellowed and softened as with sunset glow,
A golden day's decline."

THE CONTEST AT JEFFERSON COLLEGE—CONCOURS.

At the recent meeting of the Board of Trustees of Jefferson Medical College, the effort to elect a successor to Prof. PANCOAST proved a failure. Several candidates were voted for, of whom, we understand, Drs. KEEN and FORBES proved to be the strongest. The election is now put off until fall, and possibly longer.

We take the opportunity of again protesting against our system of appointment to positions of this kind. It is altogether vicious and wrong. Our Boards of Trustees are generally constituted of clergymen, lawyers, and other respectable gentlemen, who are not qualified to judge of the merits of opposing candidates, and must either depend entirely on the judgment of others, or be influenced by considerations of friendship, kinship, or the weight of influence, social, political, or otherwise, brought to bear on them. These positions should always be given to those *best qualified to fill them*, apart from almost any other consideration. In other words, the system of public concours should be established, and those who aspire to fill professors' chairs in our medical colleges should be required to pass a rigid examination conducted by competent persons in the presence, if you please, of the Board of Trustees, and the position accorded to the best man.

But, taking things as they are, we hold that the medical profession and its recognized organs of opinion should express themselves unreservedly on so important a matter. It is of great consequence to the general interests of medicine, and not merely to a board of lay trustees, who fills a chair

in a prominent medical school. Our cotemporary, the *Medical Times*, of this city, seems, however, to be of another mind, and claims that it is the "business of the Board of Trustees," and administers a rebuke to us for presuming to express an opinion on the subject! For better or for worse, the MEDICAL AND SURGICAL REPORTER has acquired a constituency among the alumni of the schools of this city, and of other medical schools in every section of our broad land, which would seem to indicate that it can, without presumption, claim to be, in some degree at least, a representative of professional opinion. The matter of the extent of our "influence" our cotemporary is welcome to discuss. We do not propose to take part in it. But we certainly have opinions of our own, and believe that it is our duty as well as our privilege to express them. For twenty-five years the REPORTER has never hesitated to speak its mind on professional subjects in an independent manner, and the habit has so grown upon it that it is most likely it will persist in so doing. No one has ever dared, because they had nothing to base it on, to charge us with partiality or self-seeking in pursuing such a course; and we propose in the future, as we have in the past, to speak our minds on all subjects of interest or importance to the medical profession in a perfectly independent manner, and with a single eye to the good of the whole. We have had sufficient evidence from the profession, and from our boards of management, to sustain us in this course, even if that were the only consideration to guide us.

NOTES AND COMMENTS.

Case of Reasoning in a Dog.

Scribner's Monthly copies from *Nature and Science* an item on "Reason in Animals." It is the "tale of a dog," which in its youth was like Daniel Webster, remarkably stupid, only Webster was a stupid boy and this was a stupid dog. However, the dog's faculties developed. She used her opportunities. A number of minor examples of her intelligence are given. We copy the crowning one:—

"Nellie always comes down the hall-stairway to meet her master on his return home, and after greeting him races off to the front room for his slippers, and brings them to the head of the stairway. A recent attack of illness having confined her master to the house for a couple of weeks, Nellie was in high glee until he went out for the first time after convalescing, when she was greatly distressed, and watched him from the open window as long as he was in sight; when he finally disappeared she gave a despairing yelp, and racing off to the place where the slippers were kept, snatched one in her mouth, and, leaping on a chair, held it out of the window as far as she could reach, and whined piteously, evidently hoping that if the master saw the slipper it would induce him to return. In this instance there is certainly nothing satisfactory in resorting to instinct for an explanation; the act was evidently the result of a true reasoning process, prompted not by greed but by an almost human affection and attachment."

Pregnancy after Ovariotomy.

Dr. F. Marzolo adds another to the list of cases in which pregnancy has occurred after ovariotomy. The subject, a woman aged thirty-three, had the left ovary removed in July, 1871, and was discharged cured a month afterwards. At the time when Dr. Marzolo wrote, parturition had not yet taken place, but the movements of the fœtus, the sounds of its heart, the placental *souffle*, and all the other signs of pregnancy—apparently of the seventh month—were distinctly present.

The Epidemic Influence in 1873.

Dr. E. M. SNOW, Registrar of Providence, makes, in his last monthly report, the following pregnant remarks:—

It will be noticed that the whole number of deaths, during the first five months of the present year, was 136 greater than in the corresponding period of 1872, and 214 more than the average for the five years preceding the present. In each month of the present year the number of deaths has been considerably greater than in the corresponding months of any previous year in the history of registration in the city.

This increase of mortality is general in all

our cities, and must be ascribed to some generally prevalent or epidemic cause. The increase seems to affect all ages and conditions of people, and to be especially in contagious and infectious diseases. The number of deaths in May was unusually large from measles, spotted fever, old age, pneumonia, and scarlatina. The number of deaths of colored persons was twice as large as in any preceding month of the present year.

Fibrin as a Dietetic.

Dr. GOODMAN, writing to the *British Medical Journal*, says that artificial fibrin is an admirable dietetic substance, being unparalleled for lightness and digestibility, and a great delicacy besides. It is obtained by exposing albuminous material to the action of cold water for a time, the hen's egg, from its great abundance, being the most suitable source of the albumen. When the contents of an egg are immersed in cold water for twelve hours or thereabouts, they undergo a chemico-molecular change, becoming solid and insoluble; a change indicated by the opaque and snowy whiteness of the white. The action of heat to the boiling point is now brought into the process, and the fibrin is then ready for use. In cases of deficient nutrition and rejection of food, Dr. Goodman says this artificial fibrin is of the greatest service, as the weakest stomach is able to retain it, and its use appears to promote the appetite for food.

Information Wanted.

Circulars calling for information for the MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES are being rapidly sent out, and this portion of the labor will soon be completed. It is earnestly desired that the responses be as prompt and as full as possible. *It is important to physicians, who have any education or standing, that they appear properly on this record*, as the work will be one of permanent value, and will be constantly referred to. The forms containing the Directory of the first set of eleven States and Territories (Alabama to Georgia, alphabetically, inclusive), are now in the hands of the printer, and there are but a few days in which information can be inserted in those pages.

Officers of public medical institutions of *all kinds*, hospitals, asylums, dispensaries, colleges, medical societies, etc., are particularly requested to furnish us with lists, catalogues, announcements, etc., in order to give brief histories of these institutions, and for use in perfecting the REGISTER AND DIRECTORY in all its parts.

It is intended that the work shall be exhaustive, and as nearly *correct* as may be, and it will be issued as speedily as possible; but the labor is immense, and the work is delayed by the want of promptitude in receiving replies to circulars and letters.

☞ MEDICAL JOURNALS PLEASE NOTICE.

CORRESPONDENCE.

Review of a Case of Disputed Diagnosis.

EDS. MED. AND SURG. REPORTER:—

I have just finished reading Dr. Graves' review of a case in practice, reported Feb. 8th, 1873, by Dr. J. H. Thompson, of Goshen, N. Y.

The reviewer seems to animadvert upon the treatment instituted by the Doctor upon the assumption that the indications were those of *passive* congestion of the brain, caused by over-indulgence in eating. But the fact that the patient partook of his usual, though hearty, breakfast, and then proceeded to his business for the day, manifesting no special gastric disturbance, does not seem to afford sufficient data for the establishment of such a diagnosis.

The mixed character of the symptoms make it probable that the vessels of the cerebral as well as the meningeal tissues were congested, and, therefore, the exhibition of brom. potass., if it possesses the power claimed for it, that of producing contraction of the inter-cranial vessels, was proper. Chloral and morphine would not meet the approval of the profession under such circumstances, although they seem to have been given when the case was apparently hopeless. Dr. G. is careful not to say what would have been his treatment had he been called to the case, but it is fair to suppose that he would have prescribed an emetic, to get rid of the unfortunate breakfast of the day before, and then to have adopted some means of stimulating the vaso-motor nerves. To this end he might have resorted to galvanization of the sympathetic, together with other general stimulation. Now, suppose the case had proved fatal under his care, it would have been equally easy for others to claim that he had mistaken for *passive* a case of *active* cerebral congestion, and instead of resorting to depletion, and other means calculated to relieve the congested vessels, as evidenced by the "full, bounding pulse," he subjects his patient to the danger of increased fullness of the vessels of the head incident to the act of vomiting; then, as if this was not enough to render the case fatal, he goads the heart to still more powerful action by subsequent stimulation.

Dr. Graves thinks this could not possibly have been a case of *Cerebro-spinal Menin-*

gitis. Now I happen to have attended a case where a young man went to bed at night, feeling unwell. He was found in the morning speechless, in a heavy sleep, from which it was impossible to arouse him. His pulse was not frequent; there was some heat of the head, and the extremities were cold. This condition lasted twenty-four hours, and constituted the congestive stage of the disease, which was soon followed by frequent pulse, hot skin, intense pain in the head and back, and delirium, with constant moaning. The muscles of the spine became so much contracted as to resemble *opisthotonos*, especially the upper half. He convalesced at the end of a week, remaining better for two or three days; then had a relapse, and he finally died, three weeks from the outset of the disease.

Now, there is not a shadow of a doubt that this was a case of *Cerebro-spinal Meningitis;* but, suppose the patient had died during the congestive period, Dr. G. would have questioned the correctness of the diagnosis with as much propriety as he has in the case of Dr. Thompson's.

Yours,
S. G. CARPENTER, M. D.

Chester, N. Y., May, 1873.

Examples of Longevity.

EDS. MED. AND SURG. REPORTER:—

I see occasional notices in your journal of centenarians. We have in this, McMinn county, residing four miles from Athens, a man, named Christy Baker, who is one hundred and five years of age, established by record in family Bible, possessed by his brother's family in Virginia, a copy of which he wrote for not long since. A Mr. Cocherhan, a revolutionary soldier, died in this county since the late war, æt. one hundred and four years. He was true to the old flag during the rebellion, berating the rebels whenever he saw them. On one occasion, when they threatened him, he tried to get hold of his gun, which his family prevented. Also, a few years since, in this county, a Mr. Wear died, æt. one hundred and two years. He was deaf and nearly blind for many years before his death, and very imbecile. In Hawkins county, where the writer was born, a Mr. Wheeler died several years ago, æt. one hundred and eleven years. A few months since, Joseph Lamb died on Clinch Mountain, in Hawkins county, about fifteen miles from Rogersville, where he was well known, who claimed to have held horses at Braddock's defeat! (more than a hundred years ago.) Mr. Lamb was an illiterate man, and had no family record to refer to, but he was certainly a *very* old man at the time of his decease. The oldest citizens of Hawkins county, octogenarians, of whom the writer's father is one, say he was apparently past middle life about the beginning of the second decade of this century. The writer does not remember to have seen him for more than thirty years, yet when he last met him he impressed him as the oldest looking man he ever saw. Joseph Lamb was as remarkable for his honesty and *other* eccentricities as great longevity. It is believed, by those who knew him for more than a quarter of a century, that he never failed to redeem a promise, or was ever suspected of a dishonest act. His very name, in the locality where he resided, was the synonym for probity. It is not uncommon in Hawkins county to hear the remark made of a man who is noted for sterling integrity, "He is as honest as Joseph Lamb." Is it probable that Joseph Lamb would have lied about his age? If he held horses at "Braddock's defeat" he must have been, at his death, in 1872, about one hundred and thirty years of age.

FLEXICAN.

Athens, East Tennessee.

Discountenance Traveling Doctors.

EDS. MED. AND SURG. REPORTER:—

As you solicit information of Medical organizations, we take pleasure in saying that on May 12th the physicians of our county met and organized the Union County Practitioners' Association, adopting Constitution and By-laws, and electing officers for ensuing year. Among the resolutions was one bearing directly upon traveling quack nostrum venders, who pass through our country about twice a year distributing their secret preparations for all the ills that flesh is heir to.

Be it further Resolved, That the members of this organization will neither professionally countenance aid or council with persons claiming to be physicians, who advertise secret nostrums, or deal in secret remedies, or practice quackery upon the credulity of their patients, or hunt down invalids with boastful certificates of cures for all. Neither will we take charge of any patient who is duped by such professional quack while under his advice or treatment.

O. P. GREENWOOD, *President.*
J. H. PINSON, *Secretary.*

El Dorado, Ark., May 18, 1873.

NEWS AND MISCELLANY.

Medico-Chirurgical Society of Philadelphia.

At the Annual Business Meeting of the Medico-Chirurgical Society, held June 24th, 1873, the following officers were elected:—

President—I. S. Eshleman, M. D.
1st Vice President—Wm. T. Taylor, M.D.
2d Vice President—A. G. Reed, M. D.
Recording Secretary and Treasurer—J. W. Millick, M. D.
Assistant and Corresponding Secretary—R. S. McComb, M. D.
Councillor, for 5 years—E. P. Bernardy.

The Professorship in the Jefferson Medical College.

The Trustees, unable to agree upon a successor to Prof. PANCOAST, have adjourned the selection to October next.

Establishment of a Medical Department in the California State University.

At a meeting of the Board of Regents of this institution last month, Mr. Haight, from the Advisory Committee, introduced the following resolutions, which were adopted:—

Resolved, That the following gentlemen be invited to Professorships in the medical department: Dr. T. M. Logan, of Sacramento, President of the American Medical Association and Secretary of the California State Board of Health, to be Professor of Hygiene; Dr. G. A. Shurtleff, of Stockton, Superintendent of the State Hospital for the Insane, to be Professor of Mental Diseases and Medical Jurisprudence; Dr. A. B. Stout, of San Francisco, to be Professor of Surgery, and Dr. Hatch, of Sacramento, to be Professor of Materia Medica.

We understand Dr. Logan has accepted.

Harvard University—Changes, Etc.

Charles R. Porter, M. D., now demonstrator, to be assistant instructor in surgery; Charles J. Blake, M. D., and J. Orne Greenough, M. D., and E. Wigglesworth, M. D., lecturers on syphilis; James E. Chadwick, M. D., lecturer on the diseases of women; Charles P. Putnam, M. D., lecturer on the diseases of children; James I. Putnam, M. D., lecturer on the application of electricity in nervous diseases.

Personal.

Miss Dr. Frances A. Rutherford is Fourth Vice President of the Michigan State Medical Society. She attended the recent session of the State Medical Society at Saginaw City. It is believed that this is the first instance of a woman's holding such a position in such a society in this country. Miss Rutherford is a graduate of a Philadelphia Medical College.

American Public Health Association.

In our Report of this Association we gave the time of the next meeting incorrectly. It meets at Providence, R. I., the second Wednesday of September next.

American Medical Association.

The minutes of the last session are now ready in pamphlet form. Price fifty cents. Address Dr. W. B. Atkinson, 1400 Pine street, Philadelphia, *Permanent Secretary.*

OBITUARY.

DEATH OF DR. S. D. MOSES.

Samuel D. Moses, M.D., died at Knoxville, Tenn., on Monday, June 16th, 1873, in the 47th year of his age. Deceased was a native of Exeter, N. H. He graduated at Williams College, Mass., and came to Tennessee in 1850. Engaged in teaching for some years in Sumner county, Middle Tennessee, but in the meanwhile pursued the study of medicine. He graduated at the University of Virginia in 1862, was employed as Hospital Surgeon till the close of the war, when, on going to New York, he secured a position in the Woman's Hospital of that city, remaining about a year.

He then entered into general practice, but came to Knoxville in 1869, where he commenced practice, making a specialty of diseases of women.

Dr. Moses was successful in his chosen department, and very many in this and adjoining States will remember, with gratitude, both his kind attentions and his signal success in delivering them of distressing maladies.

The loss of Dr. Moses will be appreciated by his professional confreres, many of whom feel that his place cannot easily be filled. B.

Knoxville, Tenn., June, 1873.

MARRIAGES.

Cortelyou—Chase.—April 15th, at the residence of the bride's parents, in Brooklyn, by Rev. J. P. Duryea, P. R. Cortelyou, M. D., and Julia F. Chase, daughter of Sidena Chase, all of Brooklyn.

Blake—Stow.—By Rev. R. M. Brown, at the resi, dence of Mrs. A. F. Stow, Cincinnati, O., May 27th. John E. Blake, M. D., of Tionesta, Pa., and Miss Ella Stow, of Cincinnati, Ohio.

Ensign—Wickes.—At home, Orange, N. J., June 25th, by Rev. Eldridge Mix, Charles K. Ensign and Tillie Van Sinderen, daughter of Stephen Wickes, M. D.

Hedges—Higgins.—In New York, June 25th, at the Broadway Tabernacle, by Rev. Wm. T. Taylor, D. D., D. A. Hedges, M.D., and Fannie A. Higgins.

Pearce—Keller.—June 17th, 1873, at the residence of the bride's mother, by A. C. Deuel, Dr. H. C. Pearce and Miss B. A. Keller, all of Urbana, Ohio.

Saxton—Landenberger.—In this city, on the 1st inst., by the Rev. J. Y. Mitchell, at Temple Presbyterian Church, Dr. J. Logan Saxton and Miss Tillie Landenberger, both of this city.

DEATHS.

Brim.—At his father's residence, near Dahlonega, Iowa, Dr. Webster Brim, of phthisis, May 31st, 1873. A very highly esteemed and promising physician.

Clement.—In Norwich, Vermont, June 20th, at the residence of his father, Rev. Dr. Jonathan Clement, John P. Clement, M. D., aged 48 years.

Divan.—In Cincinnati, June 28th, Dr. C. P. Divan, aged 28 years.

Gwynn.—In this city, on the 4th inst., William Gwynn, M.D., son of Francis and Susan Gwynn.

McCook.—At New Lisbon, Ohio, June 23d, Dr. Geo. McCook, aged 79 years, recently of Pittsburg, Pa.

Mann.—In this city, on the 1st inst., Catharine K., wife of William M. Mann, M.D.

Oliver.—In New Orleans, June 2d, 1873, of congestion of the brain, Dr. A. J. Oliver, aged about 36 years.

Sellers.—On the 1st inst., at Chicago, Ill., Jesse S. Z. Sellers, M.D., formerly of this city, aged 45 years.

Stevenson.—At her home, at Midway, Pa., June 7th, Mrs. Mary Rebecca, wife of Dr. A. C. Stevenson, and daughter of Wm. Lindsay, in the 26th year of her age.

Williams.—At Bloomingdale, N. Y., on Thursday, June 26th, Abraham Valentine Williams, son of the late A. V. Williams, M. D., in the 25th year of his age.

E. FOUGERA & CO., Importing Pharmacists,
No. 30 North William Street, New York.

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OF LA PLATA.

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This Extract is a *pure Extract of Beef*, unsurpassed in quality, free from fat and gelatine, each pound of which contains the soluble nutritive constituents of 34 to 36 pounds of the finest beef, exclusive of bones and fat, corresponding to about 45 pounds of good butchers' meat. As a medicinal agent it will be found of great value to the Sick, Invalid, and persons and children of Weak Constitutions, but its most extensive use is for domestic purposes.

It will keep unaltered for years in any climate, and will recommend itself at once for its *purity*, its *permanency* and *cheapness*.

Physicians, by ordering Liebig's Extract of Meat of La Plata, may rest assured of having the purest Extract of Meat that can be prepared.

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MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

ON THE ACTION OF MORPHIA OR OPIUM AND CHLOROFORM IN LABOR.

BY HARVEY L. BYRD, M.D.,

Professor of Diseases of Women and Children in the College of Physicians and Surgeons, Baltimore, Maryland.

The writer is indebted to an article by Dr. Hiram Corson, "On the Use of Opium in Labor," in number 22, volume xxviii, of the Medical and Surgical Reporter, for the opportunity of making known to the profession his *present* views in relation to this most interesting subject. A little more than two years ago he was requested by Prof. Edward Warren, M. D., then editor of a medical journal in this city, to prepare a paper for its pages on the use of chloroform in labor. The article appeared just prior to the cessation of the journal, and as its circulation was limited, probably never met the eye of Dr. Corson, or other readers of the Reporter. Therefore, so much of it as is necessary to explain the ideas of the writer on the modus-operandi of morphia, or opium in labor, is here reproduced. He flatters himself with the belief that the views below expressed on the action of chloroform and morphia in labor will be regarded *orthodox* by his professional brethren.

In order to a full and clear conception of the condition and circumstances of the woman, rendering the administration of chloroform judicious, or even safe, in ordinary cases of labor, it is of great moment that we remember the anatomical fact that the uterus is furnished with two distinct sets of nerves, *i. e.* from the sympathetic and the spinal systems.

A knowledge of this fact furnishes us with intelligent ideas of the *time* and amount of impression proper to be made with it in cases of parturition, and likewise enables us also to decide these important points when its effects are called for, or deemed advisable, in all other obstetrical proceedings.

But of the anatomical arrangement of the nerves distributed to the uterus:—

The body of the womb receives its supply from the ganglionic or sympathetic system, while those distributed to the cervix and os are derived from the spinal or nervous centres of animal life. Thus we are enabled to comprehend *why it is that ergot, gossypium, etc., as they direct their action to the sympathetic system*, or nerves of organic life, *promote contraction of the muscular fibres* of the *fundus and body of the uterus*, thereby aiding the expulsion of its contents; while *morphia, chloroform, etc., obtund in their action the sensibility of the spinal nerves supplying the neck and os, when suffering severely from distension taking place in the fibres of those parts*, induced by the pressure of the head, or other presenting part of the fœtus, *and thus render less painful*, or even painless (as under the full action of chloroform), the expulsion of the child by the contractions controlled by the ganglionic nerves. The fact is well-known to all accouchers of much experience, that *the contractions of the womb are but little affected by chloroform*, whether the patient is more or less under its influence during the progress of labor. Obviously, therefore, the use of *chloroform or morphia*,

so far from retarding labor, may, *in many cases, facilitate its progress by removing or obtunding the irritability of the nerves supplying the neck*, particularly as just noticed, as anæsthesia does not affect the sympathetic nerves presiding over the contractions of the fundus and body of the womb. It will thus be seen that anæsthesia may be induced and carried to any safe or justifiable extent in labor, without interfering in any material degree with the physiological action of the uterus in parturition. We use the term physiological, for the contractions of the womb are undoubtedly of this character, whatever may be thought of *pain* from the contraction of muscular fibre in other conditions or parts of the organism. The action of the ganglionic nerves on the uterus is made clearly manifest in the violent contractions and expulsive efforts often seen in that organ in coma, or insensibility induced by other causes, as well as chloroform, even in cases where the fœtus is known to be dead, or incapable by its movements of stimulating or exciting uterine contractions. That there should exist differences of opinion among obstetricians regarding the time of administration, and the degree of anæsthesia to be induced by chloroform, in ordinary cases of parturition, is easy of comprehension. In fact, the known diversity of experience in the profession, in regard to many other potent, but not the less valuable, therapeutic agents, is not more remarkable or surprising than in regard to this. Some who admit that labor may be successfully terminated, both to mother and child, whilst the former is under the anæsthetic effects of chloroform, object, from religious scruples, to its administration, and contend that pain in labor was imposed by the Creator as a penalty of violated law. Ergo—She should not be relieved of the sufferings of child-birth, though no risk be incurred to mother or child by the anæsthetic effects of chloroform. Many accouchers are aware, from personal observation, that some women experience very little, and a few absolutely no, pain in child-birth! and it is known that many females of the lower animals suffer severely in giving birth to their young. Indeed, it is highly probable that *painless* labors, under favorable circumstances, are very nearly, if not quite, as frequent in women as in the inferior animals.

It would be as rational to urge objections to the anæsthetic effects of chloroform in surgical proceedings and operations as in labor. We read the Creator brought a deep sleep on Adam, ere he removed the part from which he formed his wife. Parties urging the use of chloroform in labor as sinful, or a violation of Divine law, readily embrace all the means of lessening toil, or those for the prolongation of life, notwithstanding the "sweat of the face," and "penalty of death," are expressed as forcibly in the Mosaic writings as the pains of child-birth.

For the benefit of the junior members of the profession, attention is respectfully invited to the importance of the following observations concerning the use of chloroform in labor. It is of the *greatest moment* that the *pulse* and *respiration* be carefully watched from the commencement to the close of its administration, as much so, in fact, as in any other condition of the organism justifying or calling for its administration, if we would avoid danger from its use. These functions afford the only accurate and sure indications of the propriety or impropriety of continuing the inhalation. We should stop immediately, if we find the pulse becomes weak and the respiration difficult or irregular. *Any hesitation or faltering in either* should demand the *instant cessation* of the inhalation. Careful attention to these rules will enable us to keep the larger majority of women sufficiently under its influence, when desirable to do so, for hours; and thus, through its agency, labor may, when necessary, be rendered absolutely painless.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. Agnew.

[REPORTED BY DE FOREST WILLARD, M.D.]

Phimosis.

GENTLEMEN:—The child, six years of age, now before you is suffering from a contracted condition of the orifice of the prepuce, which is known as phimosis. Now, as you all know, the glans in a male child is normally covered by the foreskin, but can be easily exposed if desired: in phimosis the orifice is so narrowed that this can be done only with difficulty or not at all. In these cases the prepuce is also elongated, either from birth or by the manipulations of the child, due to the constant irritation. If the opening be of three-quarter size no serious inconvenience may arise for years, but in the majority of cases, and in all where the orifice

is small, the obstruction to the exit of urine will, sooner or later, lead to irritation of the glans and finally to balano-posthitis, this result being also contributed to by the constant accumulation of sebaceous material about the corona from the glands of Tyson.

Other grave results of this mechanical obstruction are seen in the various forms of urethral and vesical irritation, frequent micturition, nocturnal incontinence, retention, and even epileptiform attacks, in fact, the existence of a stone in the bladder is often suspected. The diagnosis can be easily determined by a sound, and by the removal of the offending prepuce, after which all the unpleasant symptoms quickly subside, if not already of too long standing. The cases in which the most serious irritation arises are those in which the mucous covering of the glans is adherent to the under surface of the prepuce.

That a narrowed foreskin is compatible with perfect health of the genital organs is instanced by numerous examples, but when any irritation of the urinary tract occurs it is always advisable to remove the preputial tissues, especially if they are hypertrophied or indurated.

If this condition continues to adult life, and the man indulges in promiscuous intercourse, he not only runs a much greater risk of contracting disease, but he is liable to have such disease in an aggravated form, while at the same time it becomes less amenable to treatment, owing to its concealed character.

The observance of the religious rite of circumcision among the Hebrews undoubtedly renders them more cleanly and less liable to venereal contagion (vide *Medical Times and Gazette*, Dec. 1st, 1865).

In congenital phimosis the contraction of the mucous portion may be sufficient to even retard the proper growth of the glans.

When the orifice is extremely small it might also interfere with the exit of semen to such an extent as to prevent conception, the erection subsiding before escape could occur.

Acquired phimosis is the result of an enlargement of the glans or a contraction of the prepuce, usually dependent upon venereal inflammation of some form. Such a condition occurring in an already phimosed organ renders treatment exceedingly inconvenient, and is often productive of extensive loss of tissue by sloughing.

When a chancre exists beneath an inflammatively phimosed prepuce it is unadvisable to operate unless imperatively demanded, since inoculation of the cut edges is likely to occur; an accident, however, which would only require a cauterization of the edges with nitric acid. In such cases every attempt should be made to reduce the induration and swelling by cold applications, stuffing the cavity with lint saturated with sol. arg. nitr., frequent washings, dilatation by sponge-tents, etc. When the inflammatory supersedes the congenital form, however, an operation will usually be required.

The treatment for simple phimosis will depend upon its degree.

In the case before us we find that the mechanical obstruction has already begun to render the glans very irritable, and the boy is subject to nocturnal incontinence of urine. We will therefore perform the operation of circumcision, since his prepuce is not only narrowed, but is very redundant.

The operation is best done by drawing the skin well forward, grasping it just in front of the glans with an ordinary pair of long forceps, or with the fenestrated forceps of Ricord, and then removing all the structures in front by one stroke of a bistoury. The forceps should be applied diagonally from below upwards and backwards, in order that the frænum be left undivided. The mucous surface of the prepuce is next slit up along the dorsum, and the ensuing flaps trimmed away until only a rim of the structure remains encircling the sulcus behind the corona. The skin and mucous membrane are now to be united by four or five points of silk interrupted suture, and a simple cold-water dressing applied. If the glans and prepuce are adherent, they must be forcibly separated with the director. The artery of the frænum will usually require ligature; any others may be transfixed by the sutures.

The operation as performed by the Hebrew priests differs from this only in that the mucous membrane is torn up and no sutures are used, a roll of lint being simply wound around the penis behind the glans. I understand that it is seldom or never attended with serious or even troublesome results, union ordinarily taking place in a few days.

When the phimosis is acquired and the prepuce is thickened, it is better to slit it up along the dorsum and then trim off the resulting flaps or angles, especially in the mucous membrane, so that the cut surfaces may be brought nicely in apposition. The practice of slitting up the foreskin without paring the corners should never be sanctioned, as healing takes place only to leave large pendulous flaps or "dog ears," which detract greatly from the appearance of the organ.

As the mucous surface is the one at fault, it has been proposed that it should be forcibly ruptured by withdrawing the widespread blades of a pair of inserted forceps.

I have found *gradual dilatation* of much service when a chancre is concealed beneath a moderately tight prepuce. This may be accomplished by forcep blades or sponge-tents.

Paraphimosis.

The next case is of a precisely opposite nature, and occurs in the person of a man 25 years of age, who is suffering from an attack of gonorrhœal balanitis. He normally had a somewhat contracted prepuce, and in his manipulations with the penis forcibly uncovered the glans and has since been unable to return the foreskin to its natural position. The strangulation has caused such inflammation and swelling of the glans, and so

much œdema of the preputial tissues that sloughing seems to threaten, as the accident occurred two days since. He has already tried ice, streams of cold water, etc., so that we will at once attempt reduction. I first grasp the glans in one hand, draw it forcibly forward so as to elongate the penis and thus render its diameter less; compress it firmly for five or ten minutes in order to empty it of blood, and then attempt to draw the prepuce forward. This manœuvre fails, and I next attempt to push the well-oiled glans backward through the constriction. Failing again, I insert a probe-pointed bistoury flatwise beneath the collar, and nicking it in two or three places, am soon able, by a repetition of the former manipulations, to effect the desired purpose. A warm-water dressing will now be applied, and if the preputial orifice be found too tight in future, an operation will be advised, as in ordinary cases of phimosis.

Nocturnal Incontinence.

The next patient is a boy seven years of age, whose mother complains that she finds it impossible to break him of the habit of wetting the bed each night. This is an affection which is quite common among children, and is an exceedingly unpleasant one. It is frequently the result of negligence of habit, but it may be a symptom resulting from piles, prolapse of the rectum, intestinal worms, phimosis, cystitis, calculus, etc. It is most common among scrofulous children, but is sometimes met with in the robust and hearty. When not the result of habit, it shows either an irritability or want of tonicity in the sphincter muscle at the neck of the bladder, or that it is sympathetic. Our first effort, then, should always be to search for the cause, and in this case I inquire closely in regard to all the above-mentioned causes, but am not able to discover from this hasty examination that any one of them is in operation. He has no phimosis, or hemorrhoids, or worms.

What is the treatment? First, removal of the cause and education. The child should be permitted to eat only a light supper, with but little liquid, and should be roused two or three times during the night and compelled to evacuate his bladder. When the habit seems to result from indifference to personal cleanliness a judiciously inspired fear of "birch" may be of service.

Medicinally our efforts should be directed at the cause, but if this cannot be obtained much benefit will be derived from belladonna, administered in conjunction with the bicarbonate of soda. Three drops of the tincture may be given with five grs. soda, frequently during the afternoon and evening. Hydrate of chloral, in full doses, and various other remedies are often used.

If anæmic the patient should take during the day iron, quinine, strychnia, cantharides, etc., cold bathing and hygienic remedies be superadded, and cleanliness enforced.

Belladonna, however, exercises the most prompt influence over the disease, and if the drug be good will almost always relieve. In extreme cases it is recommended to obtund the sensibility of the neck of the bladder by applying to it a strong sol. arg. nit., but I believe such a procedure unnecessary, those cases which are called "obstinate ones" being due to some special cause, which it is the duty of the physician to discover. In girls it is more common, and may continue even to adult life. In adults *incontinence* is really but indicative of *retention* and *overflow*, and I have seen many patients brought near to death's door, suffering intensely from a full bladder, when physicians of eminence in attendance had believed the bladder entirely empty and had carelessly neglected to introduce a catheter. I recall one case, also, in which an "abdominal tumor," which had been treated for months, and which was accompanied by this symptom, was relieved effectually by the introduction of a catheter into the bladder, no less than twenty-nine pints being drawn off within the next three days. *Always*, then, in the adult, use a catheter whenever you find incontinence. *Never fail to do it.* There may be cases of paralysis, or of peculiar prostatic enlargement, but the catheter is always the best test.

In hysterical females incontinence is not uncommon, but it is unadvisable to use the catheter with them. The urine will flow before the bladder bursts, especially if a warm or cold douche be used.

Medical Societies.

STATE MEDICAL SOCIETY OF MICHIGAN.

This society held its eleventh meeting at Saginaw City, June 11. It was called to order by the President of the Association, Prof. A. B. Palmer, of Ann Arbor, at 10 o'clock A. M., and the business of the session introduced with prayer by the Rev. James Venning, of Saginaw. The President, Prof. A. B. Palmer, of the University, proceeded to deliver the annual address. It was a most carefully prepared and scholarly production, requiring nearly two hours for its delivery.

His theme was "Law and Intelligence in Nature and the Improvement of the Race in Accordance with Law." After briefly reviewing the progress of discovery in the physical sciences, and pointing out the universality and immutability of law, he considered the phases of his many-sided subject which bear more particularly upon the aims and studies of the medical profession. A few passages must suffice to give a general idea of the style and tenor of his discourse. He said: With regard to the production of life and origin of species, I think it may be safely said that the most careful and conscientious researches seem to be carrying a large majority of scientific minds to the conclusion that natural laws still in ope-

ration, acting in matter in its nascent and susceptible condition, have at a remote period during the long ages of the past resulted in the production of living organisms; and that the developmental forces inherent in organic matter, through natural selection, adaptation, and the survival of the fittest—*all these laws and forces established, supplemented, subordinated and guided by a Supreme Intelligence*—have gradually brought into being the present world of life with all its specific differences and individual peculiarities. In this plan of development man seems to be included. I hope no one who hears me will be shocked at this statement, for if this doctrine be proved true—though it is not as yet conclusively—no one's faith either in the general providence of God, in the existence of the soul, or in the immortality brought to light in the Gospel, need be disturbed. Much of the conflict so long waged between science and religion has arisen from a misunderstanding of the claims of each. Some have supposed that by "creation," as of species, for instance, was necessarily meant primary or absolute creations, the production of something out of nothing, or at least that a process was implied indicating supernatural action; not conceiving of derivative creation, which is a new arrangement of existing materials under intelligence and law, as we speak of making a knife or creating wealth, they have opposed the doctrine of creation altogether, regarding it as absolute, in the interests of physical science. Others, supposing that by "evolution" was meant a denial of Divine action and a rejection of the doctrine of a Divine Providence, have therefore combated the theory of development, natural selection, etc., in the imagined interests of religion.

There is nothing in the evolution theory, as I understand it—even if there be included in it the change of non-living matter into living matter without the intervention of parents—which in any way excludes Divine action, or the doctrines of Providence, general or special. It may be regarded as merely a question of the manner of Divine action, and he who contends that living beings must be produced in any particular way or ways imposes more limits upon the Omnipotent, does more to deny what we believe of His power, than he who in humility and sincerity inquires for the facts and is ready cheerfully to accept whatever is proved. This is not only the scientific, but it is also the reverential and religious spirit. It is the spirit of faith as well as of truth. It manifests confidence in the religious principles in which one stands. * * * * *

Dr. Palmer, from the committee appointed to confer with the Governor and urge the propriety of appointing a Board of Public Health, reported the entire success of that mission.

Dr. Ranney, the Recording Secretary, reported that he had procured the publication of 500 copies of last year's proceedings of the society, and had distributed them as directed. He recommended that hereafter whenever the published proceedings reach 500 pages, they be numbered volume sixth. The society numbered 175 members, showing an increase during the year of 49. Only two members had died during the year, Dr. A. R. Calkins, of Allegan, and Dr. Alanson Cornell, of Ionia.

A draft of a proposed bill which was presented by the Committee on Legislation was considered at some length. The bill in effect provides for the appointment of a medical council of 20 for the State, 10 of whom shall be from the regular, 6 from the homœopathic, and 4 from the eclectic schools of medicine; this council to decide upon the qualifications of practitioners, those who cannot pass the requisite examination being unable to enforce the collection of their fees. Dr. George Bartholomew made a minority report, basing his opposition to the bill mainly on the grounds of the affiliation of different schools of medicine which it implied. Dr. Brodie moved that the matter be referred to a new committee to be reported upon at the next meeting. He argued that the Legislature would enact no such statute, and that it would be impracticable and inoperative.

Dr. R. Inglis, of Detroit, moved to amend the motion by requiring the publication of the bill and a request to the committee to correspond with local medical societies for their opinion.

Dr. H. F. Lyster, of Detroit, spoke in favor of the proposed bill. He thought it a long step in the right direction, and would have a tendency to do away with all factions and "pathies" in the profession. A similar plan had been tried in Ontario, and with good results.

Dr. Foster Pratt, of Kalamazoo, gave some results of his observation and experience in New Jersey. There were State and district boards of medical examination, and applicants were at liberty to practice any system they pleased, but they must pass a thorough medical examination, and the people had a guarantee that they had knowledge. The system worked no evil, but much good. In Michigan, on the contrary, we are, apparently at least, at war, and whoever the Legislature may honor with a professional trust, they have no assurance that he is professionally qualified. By resolving the medical profession of the State into "a college of physicians and surgeons," as this bill proposes, with a competent board of examiners, these and other evils of quackery would be greatly remedied. The motion, as amended, was adopted.

VENTILATION OF SCHOOL BUILDINGS.

The committee to whom had been referred the subject, "The Laws of Hygiene in their Relations to Public Schools," had made a division of the question, assigning to Dr. R. C. Kedzie, of Lansing, so much of it as relates to the construction, warming, ventilation and sewerage of public school buildings, upon which he made a most able, interesting and elaborate report. The following are a few of his facts and conclusions: In ex-

amining the school houses of the State the first prominent fault in construction observed was, the rooms are too small for the number of scholars. The lowest estimate would require 300 cubic feet of space, and 25 feet of floor space for each scholar. Thus a room 30 by 30 feet in size, and 15 feet high, might contain 35 scholars and the teacher, but this is a minimum space even for small scholars, and can be safely used only in connection with good ventilation. The economy which hazards the life and health of the pupil to save the expense of additional buildings is an economy that borders on crime. School officers aim to increase the cubic space by making the rooms high between floor and ceiling. But the child needs not only cubic space but adequate floor space. The lofty room only modifies one evil by introducing another, the necessity of climbing long flights of stairs. The influence of such stair-climbing on the pupils, both during their school days and in after life, is a subject that has attracted far less attention than its importance demands. Sometimes the evil of lofty structures is still further increased by placing the building on some hill-top, making necessary a still greater amount of climbing. Then, too, it is the almost universal custom to send the more advanced and older classes to the higher rooms, so that girls, as they approach puberty, are almost always climbing to the highest floor of the building. If this senseless custom were abandoned and the younger classes sent aloft, the girls at the most critical period of life might be kept upon the first floor and great evils be avoided, even with the present faulty construction of buildings. If woman's natural position in walking were horizontal, like the lower animals, the evils of this constant climbing would be less marked, but in her necessarily erect attitude the strain in the arrested motion, in stair descending, upon the supports of the pelvic cavity, lays the foundations of disease and suffering which last for many years, perhaps for life.

The air of school-rooms is almost uniformly too dry. In many cases the out-door air is heated to the requisite temperature and brought into the room without any addition of watery vapor. The influence of this excessively dry air on the naturally moist mucous surfaces is very injurious; the nostrils become dry and irritable, a tendency to catarrh is established. No good means of heating have yet been presented to the people of this State. A perfect method will include the uniform heating of all parts of the room; the avoidance of all draughts or such movements of the air as shall be perceptible to the occupants of the room; the absence of any change in the air by which its chemical composition or physical propensities shall be injuriously altered; and the securing to the air of that amount of moisture which shall make the air soft and balmy, like a June morning, and not hot and scorching, like the breath of the desert.

To preserve the air of a room in such a state of purity that the carbonic acid shall never exceed eight parts in 10,000 of air, 2000 cubic feet of air must be admitted every hour for each person. In a room 30 by 30 feet in size, and 12 feet high, containing 36 persons, 72,000 feet an hour must be introduced, and the entire air of the room changed six times in an hour. If we allow 10 square inches of section area in a ventilating shaft, this number of pupils will require a ventilating shaft 19 by 19 inches; the air must pass through it at the rate of five and a half miles per hour; and if the shaft is 20 feet long it will require a permanent elevation of temperature of about 15 degrees above that of the outside air. In my estimation no ventilation is good which requires the opening of doors and windows at any time. The size of a ventilating shaft for a given school room may be easily estimated by the rule adopted in the British army, that is, 10 square inches of sectional space in the shaft for every person.

The following officers were elected:—

President—Dr. E. W. Jenks, of Detroit.

Vice Presidents—Dr. E. P. Christian, of Wyandotte; Dr. Landon, of Bay City; Dr. L. S. Stevens, of Three Rivers; Dr. Francis A. Rutherford, of Grand Rapids.

Secretary—Dr. G. E. Ranney, of Lansing.

Cor. Secretary—Dr. Moses Porter, of Kalamazoo.

Treasurer—Dr. Gordon Chattock, of Jackson.

A few minutes were then given to Dr. J. F. Noyes, of Detroit, to read a paper on "Embolism of the Eyes, a Cause of not Unfrequent Attacks of Blindness," giving some curious facts that had come under his observation and reading on that subject. A few minutes were also given to Dr. Eugene Smith, of Detroit, on certain catarrhal diseases. The papers were referred to the Publishing Committee.

PROCEEDINGS OF THE ROCK RIVER MEDICAL SOCIETY.

This Society met, according to adjournment, at Theresa, February 7th, 1873, Dr. Rogers, President, in the chair.

After the local matter had been diposed of, Dr. Marston read a paper on

Homœopathy.

All that can be said of it is, "that it is a vigorous application of good argument to a bad subject."

Dr. W. Senn read an elaborate essay on the

Pathology and Treatment of Cancer.

He first gives a historical sketch of the disease from the beginning of medical history. Thus he finds that, notwithstanding the heroic labors of a Bennet, Virchow, Lebert, or Rokitansky, we are not able to say what the essential nature of cancer is. However, he has no doubt that future researches will prove the correctness of the opinions of those who now regard it as a typical production of epithelium.

In regard to the geographical distribution

of cancer, he holds, with Prof. Andrews, of Chicago, that cancer most prevails near the sea, and diminishes as you recede from it. And at equal distances from the sea it is most prevalent as you go north, and diminishes as you go south.

Every cancerous tumor consists: 1st, of prilrous stroma; 2d, cells; and 3d, intercellular substance. His division of cancerous tumors is that found in the books, viz.: 1st, epithelial; 2d, scirrhus; 3d, encephaloid; 4th, colloid; and 5th, melanoid.

He says that the causes of cancer are still wrapped in the dark, however scientific researches into the minute pathological and histological process tend to prove that its origin is local, the general condition following as a secondary result. The following facts substantiate the local theory of cancer: 1st. Cancer affects persons in apparent robust health, remaining so frequently for years; the constitutional symptoms appearing only after the local disease has made considerable progress. 2d. As a rule only one primary tumor is present. 3d. The secondary deposit usually occurs in proximity to the primary tumor, in lymphatic glands connected with it. If the local disease was only symptomatic, the constitutional disturbance ought necessarily always to precede it, and more likely a number of deposits in different parts of the body would take place simultaneously.

He gives the following table of diagnosis between

Cancer	and	Sarcoma.
1. Tumor never attains a very large volume; it is irregular in shape, and firmly attached to surrounding parts.		1. Tumor regular in outline; sometimes very large, movable, having no tendency to produce abolition of other parts.
2. Tumor undergoes early destructive changes by degeneration or gangrene.		2. Tumor retains its vitality for a long time on account of its more favorable vascular supply.
3. Structure composed of a stroma, epithelial cells, and an introcellular substance.		3. Structure more homogeneous, being composed mainly of connective tissue cells.
4. Metastastic deposits occur in the course of lymphatic vessels.		4. Metastastic deposits almost always follow the course of blood-vessels.

They resemble each other in producing a general cachexia, and in their liabilty to return after extirpation.

In *treatment* he holds that we possess no single known remedy that, if administered internally, exerts the least effect in arresting the progress of this fatal disease. Hence the only success we can expect to obtain in battling with this horrible malady is from local treatment. This may be divided into, 1st, palliative; 2d, refrigerative; 3d, pressure; 4th, injections; 5th, caustics; and 6th, excisions.

1. Palliative treatment is to be used when, from the nature of the case, the other methods are not applicable. It consists in the removal of all irritation of the part, and the employment of anodynes.

2. The application of intense cold was first used by Dr. James Arnott. He used common salt and ice applied for five or six minutes at a time, from which he claimed curative and palliative properties.

3. Compression by means of an elastic cushion has met in different hands with varying results, but on the whole it has not been followed by beneficial results.

4. His objections to the hypodermic use of any remedy are: 1st, the difficulty of limiting its action to the cancer cells without affecting any other structure; 2d, the inability to reach every cell in the cancerous tumor by this method.

5. Of caustics the following are generally used: arsenic, chloride of zinc, caustic potassa, chlorine of bromine, and the red hot iron. Some physicians look upon caustic applications as a specific treatment for this disease. Thus Dr. Bright has the following four formulæ: *a.* Solid ext. of podophyllin, one part; pure chloride of zinc, three parts; starch, one-fourth part; red saunder, one-fourth part; water, a sufficient quantity to form a thick paste. *b.* This is simply a saturated solution of chloride of zinc. *c.* This is a paste like the first (*a*), only using carbolic acid instead of water. *d.* An arrow made of pure chloride of zinc with starch, and dried at a temperature of 212°, Far. With these remedies he claims to cure 90 per cent. of cancer.

Our author now proceeds to show that many of Dr. Bright's cases are not cancer, but lupus, hence his success in treatment. He thinks that the pathological views of Dr. Bright concerning this disease are fifty years behind the time, and the description of his treatment, with report of cases, sounds, to say the least, unprofessional. Pulling out a cancer by its roots, after applying any specific, without affecting any of the healthy tissue, is not compatible with the scientific status of the nineteenth century.

Of all caustics the red hot iron or the galvanic cautery are the best. Because by their action we know just how much we are removing, which we cannot do by other caustics.

6. *Excision.* Men of science have been the most devoted friends of the knife, while quacks have universally condemned its use, and done much towards creating the existing prejudice of the people against its legitimate employment. This, he says, is very natural, as its use requires an accurate anatomical knowledge of the parts operated upon, while the application of caustics is a bloodless procedure, and on that account eagerly sought after by ignorant pretenders.

He claims the following advantages for the knife: 1st, with it any amount of tissue can be removed at once; 2d, it leaves the wound in a condition to heal by the first intention; 3d, the operation is free from pain, as the patient can be placed under the influence of an anæsthetic; 4th, if the tumor

involves any large vessel hemorrhage can immediately be arrested, which cannot be done by the application of caustics.

He sees, in the majority of cases, the failure of cure in the failure of removing all of the neoplastic deposit. Hence his directions are to remove every vestige of a suspicious character. His indications for an operation are: 1st, if all the diseased tissue can be removed without any danger to life, and no secondary symptoms have appeared; 2d, if pressure of the tumor compromises the functions of essential organs, as the larynx, trachea, or vagus nerve; 3d, in some cases as a palliative to remove temporarily pain, or a sloughing gangrenous mass; 4th, where continually recurring hemorrhage endangers the patient's life.

His conclusions are:—

1. Cancer is a typical epithelial neoplasm.
2. It is primarily a local disease.
3. In its early stages it is amenable to local treatment.
4. An early and thorough excision affords the most reliable means to remove the parts affected and prevent constitutional contamination.

On Black Vomit.

Next in order came the discussion of the local action of cantharides on the stomach of a patient ejecting from this organ the substance known as "black vomit," and also concerning the nature of this substance.

Dr. Lueck opened the discussion by citing the following authorities about the true nature of "black vomit."

Hoblyn's dictionary gives the following definition of black vomit: "This fluid consists principally of blood altered by the action of the acid secretion from the gastro-intestinal mucous membrane and epithelial scales."

Dr. Wood says (Practice, vol. i, p. 322):—"At present it(black vomit) is believed to be blood somewhat altered, either by a feeble secretory action of the membranes, or by the acid which exists in the stomach. Black vomit has recently been submitted to careful microscopic examination by several observers, among whom may be mentioned Dr. J. L. Riddle, of New Orleans; M. Michel, of Charleston, S C.; Prof. A. Clark, of New York; Dr. Hassal, of London, and Dr. Leidy, of Philadelphia, with results confirmatory of the views above given as to the nature of this morbid product."

Dr. A. Flint, Sr., records in his work on Practice, page 757, the following opinion: "Heretofore there has been much discussion respecting the nature of the vomited matter (black vomit), but it has been abundantly settled by chemical and microscopical examination made by different observers, that the characteristic appearance is due to blood changed by the action of the gastric fluids."

From this, as well as from the well-known fact that we may produce black vomit artificially by adding an acid to blood out of the body, it is proven that wherever we meet this matter, be it in yellow fever, or in cancer of the stomach, or in any other case, we have essentially to do with hematoidin and deformed blood disks. Now where we have an extravasation of red blood corpuscles, we must have a rupture of some vessel or vessels, since it is known that they are not able to migrate through the walls of blood-vessels. But when we have a rupture of blood-vessels, they must be in a state of fullness, since empty or normally filled vessels are not very liable to be ruptured. However, this state of an organ is known as *congestion*. Now we claim that an irritant applied to a congested surface is not soothing, but irritating. Who of us would apply tr. cantharides to a congested conjunctiva? If any one would do it where is the victim to be found that would have such an application a second time? And is the congested mucous membrane of the stomach irritant proof?

Now, it has been said here that tr. cantharides in thirty-drop doses every hour is not irritating, is harmless to a patient whose stomach is in a state of congestion, as we have just seen. Let us examine if this is possible. All authors who have written on materia medica class cantharides among the irritants. Thus Stillè says (vol. i, p. 418): "The action of cantharides when swallowed is that of an acrid irritant." Also the post-mortem examinations of those who have taken fatal doses of this substance show its irritating properties. For, according to Stillè, we "sometimes find the peritoneum inflamed, and the stomach, intestinal canal, kidneys, bladder, uterus, and urethra are generally so." (Vol. i, p. 421.) West uses tr. canthar. diluted with soap liniment to the chest of children to produce revulsive irritation. (Diseases of Children, p. 270.) This, without referring further to the local action of canthar. on the cutaneous surface, we believe will suffice to show to every thinking physician that tr. canthar. to a *congested* mucous surface is an irritant.

Dr. Senn said that the patient was suffering from shock, and that tr. canthar. is a powerful stimulant, and as such it was used in this case. There was passive congestion of the stomach, and in such state he thinks this medicine was just *the* remedy.

Dr. Marston holds that canthar. acts more energetically on cutaneous than on mucous membranes. He says that Ramsbotham, somewhere in his work on obstetrics, recommends to give tr. canthar. to just such patients as his was, and under just such circumstances, viz.; patient suffering from shock and exhaustion. And that he knows an eminent physician of Fond du Lac who follows the same practice.

The regular discussion on

The Pathology and Treatment of Ulcers

was opened by Dr. Senn. He said that an ulcer may be defined to be a breach of surface attended by suppuration. What in most cases gives rise to this class of substance we are often not able to determine. John Hunter thought it to be a process of absorp-

tion, while the German authors believe it to be a kind of necrosis of the soft tissue.

There are two stages of each ulcer: 1st, that of destruction or tearing down, and 2d, that of building up. The causes of ulcers are idiopathic and local. Idiopathic ulcers are those that result from a general cause or cachexia of the body, such as scrofula, syphilis, etc. Local ulcers result from local causes.

Treatment must also be constitutional and local. If any cachexia exist it must be treated by its appropriate remedies. As medicine, he has, in scrofula, found the following combination very useful:

℞. Potass. iodidi,
Potass. bromidi, aa ʒv.
Syr. ferri. iodidi, ℥ij.
Aquæ, ʒvj. M.
Sig. One teaspoonfull three times a day, after meals

In the local treatment perfect rest is of paramount importance. If inflammation is not yet subdued apply fomentations of chamomile infusion. If the edges of the ulcer are hard and indurated, strapping will be useful in promoting the absorption of the plastic material. In profuse granulations it will also be of service. His general dressing consists of carbolized linseed oil, prepared in the proportion of one part of carbolic acid to twelve parts of oil. In superficial ulcers, or mere abrasions, the oxide of zinc ointment will be found very useful.

Dr. Hunt has nothing new to add to the pathology of the subject under discussion, except that it, in his opinion, may be laid down as a rule, that we find chronic ulcers in such parts where the nutrition is lowest. He would not try to heal an old ulcer, to which the patient's constitution has become habituated, for fear that his general health may dangerously suffer.

Dr. Marston generally follows the directions laid down in the text-books. In weak ulcers, especially in scrofulous subjects, he follows Prof. Brainard's method in placing small pieces of solid iodine, wrapped in lint, upon the ulcer; after which the whole is covered with an impervious bandage. Internally, in such cases, he gives iodide of potass. with bitter tonics. He would, also, not heal an ulcer of long standing, for the same reason that Dr. Hunt gives.

Dr. Rogers endorses Dr. Senn's treatment. He would especially call attention to the importance of absolute rest and elevation of the affected limb during treatment, he having lately met with a case which forcibly illlustrates this necessity.

Dr. Lueck said that in irritable ulcers he has found no application so soothing as that known by the name of Kirkland's Neutral Ointment. It consists of:—

℞. Emp. plumbi, ℥j.
Cretæ prep., ʒjv.
Ol. olivæ,
Acid. acet., aa f℥ss.
Plumbi acet., ℈j.
Ft. emp. s. a.

This preparation has been recommended by Sir Benjamin Brodie, although its therapeutical virtues were inexplicable, even to that learned surgeon.

Another method which the speaker has found highly useful in the management of chronic irritable ulcers characterized by unhealthy and little discharge, is known as "*sealing.*" It is done in the following manner: A piece of oil-silk is cut like the ulcer, however, one-fourth of an inch larger; this is now placed over the sore, and several coats of collodion applied around the margin of the oil silk, partly on the latter and partly on the surrounding healthy skin, so that after the operation is finished the ulcer is sealed perfectly air-tight. This dressing is left undisturbed until the secretions from the ulcer find their way outward, when it is removed and another applied. In a few days laudable pus will be found bathing healthy granulation, and the ugly sore will kindly heal.

Dr. Senn remarked that the theory of killing a patient by healing his old ulcer has exploded, since it is known that the ulcer is not an excreting surface. The discharges we find on ulcers consist of material of the affected part. He also reported a case of chronic ulceration, which has improved under the administration of the famous condurango.

Skin-grafting, in the treatment of ulcers, has not been tried by any of the members.

On motion the Society adjourned to meet again at Theresa on the first Tuesday of March.

A. W. LUECK, M. D.,
Mayville, Wis. Secretary.

RHODE ISLAND STATE MEDICAL SOCIETY.

This Society held its sixty-second annual meeting at Providence, June 11th, the President, Dr. LLOYD MORTON, in the chair.

The President then extended the welcome of the Society to the visiting delegates and to Dr. Corliss, of New York, and Dr. Carpenter, of Pawtucket, not delegates, and invited them to participate in its deliberation.

Dr. Benoni Carpenter, of Pawtucket, said that though he was not a delegate from the Massachusetts Medical Society, as introduced by the president, but came on his own hook, he would state some facts in the history of the Society, and spoke at some length in regard to the matter of expulsion from that Society of those who practice homœopathy.

Dr. E. M. Snow, for the Committee on Registration, reported verbally, and presented the seventeenth annual report upon the births, deaths and marriages in the city of Providence for 1871, and stated that the report for 1872 was not published. The report was received.

Several medical documents, presented to the Society by Dr. Edward Jarvis, of Dorchester, were received and acknowledged with the thanks of the Society.

The Board of Censors met in the ante-

room, and Dr. Ballou was elected President, and Dr. Clapp Secretary. Dr. Albert Ainsworth Saunders, of Charlestown, was nominated for a Fellow of the Society. The Board recommended Dr. Daniel M. Edwards, for the first, and Dr. E. T. Caswell, for the second orator, next annual meeting. The report was received and placed on file.

Dr. Ballou, of Woonsocket, presented the sum of $100 to the Publication Fund, the interest to be used in publications, and on motion of Dr. Collins, the thanks of the Society were presented to Dr. Ballou.

Dr. A. R. Becker offered a resolution congratulating the Massachusetts Medical Society on its recent action in expelling members for practicing homœopathy, which was read, and on motion of Dr. Collins, was laid on the table.

The annual election of officers was then proceeded with, and the following named fellows were elected for the ensuing year:

President, Dr. Lloyd Morton, of Pawtucket.

First Vice President, Dr. Fenner H. Peckham, of Providence.

Second Vice President, Dr. George W. Jenckes, of Woonsocket.

Recording Secretary, Dr. E. M. Harris, of Providence.

Corresponding Secretary, Dr. Chas. W. Parsons, of Providence.

Treasurer, Dr. T. K. Newhall.

Censors, Drs. David King, Newport; J. H. Eldredge, East Greenwich; Ariel Ballou, Woonsocket; Otis Bullock, Warren; Sylvanus Clapp, Pawtucket; W. O. Brown, Providence; J. W. C. Ely, Providence; E. T. Caswell, Providence.

Registration Committee, Drs. E. M. Snow, Providence; E. T. Caswell, Providence; S. Clapp, Pawtucket; J. H. Eldredge, East Greenwich.

Publication Committee, Drs. L. F. C. Garvin, Lincoln; W. O. Brown, H. G. Miller, C. T. Gardner, Providence.

Dinner Committee, Drs. F. H. Peckham, Sr., T. K. Newhall, Providence.

Dr. Eldredge, of East Greenwich, described an interesting case which occurred in his practice, of an almost imbecile paralytic who had an immense carbuncle on the back of his neck, from which he was now recovering, and which had apparently entirely cured his paralysis.

Dr. Arnold, Secretary of the Trustees of the Fiske Fund, presented and read their annual report, which was read and placed on file. There were no essays received during the past year, and consequently no awards made. The Trustees propose the following subjects for essays and awards for 1873:—

Cerebro-spinal Meningitis: Its Pathology and Treatment.

1. For the best dissertation on this subject they will award the sum of $200.

2. Pyemia: For the best dissertation on this subject they will award the sum of $150.

Dr. Harris, Secretary, read obituaries of Drs. Lyman B. Swan, of this city, and Thomas Joseph Aloysius Ryan (formerly of Ireland), members of the Society, deceased during the past year, and the papers were received and ordered on file for publication.

Dr. Newhall, Treasurer, presented printed copies of the communications of the Society, from 1865 to 1872, to the representatives of the press.

The President called the attention of the Society to the recent death of Dr. Joseph Mauran, a member of the Society, and Dr. Arnold, after a few appropriate remarks, moved that a committee be appointed to draft resolutions expressing the appreciation and sorrow of the Society, to be placed on the records and sent to the family of Dr. Mauran, and the President appointed Drs. Arnold, Capron and Snow on the committee.

In moving the appointment of the committee, Dr. Arnold said:—Dr. Mauran was born in Barrington, December 23d, 1776. His father was a native of Italy and his mother of Rhode Island. He was graduated in Brown University, in the class of 1816; and the Degree of Doctor of Medicine was conferred on him by the College of Physicians and Surgeons, New York, in 1819. He was admitted into the Rhode Island Medical Society the same year, and was soon elected one of the censors for the northern district. In 1847 he was elected President of the Society, which office he held one year, the time then prescribed by the laws of the Society.

After an interval of five years, he was again elected President, and continued in office three years, which honor was never conferred upon any member of the Society.

He was elected honorary member of the Massachusetts Medical Society, which honor was never conferred upon but one other Rhode Island man.

He was elected President of the Association of Graduates of the College of Physicians and Surgeons of New York, and delivered the anniversary orations.

He was elected Vice President of the delegates who met in Washington to form a new pharmacopœia

He was the author of our laws requiring the registration of births, deaths and marriages.

When he was in Italy, he found, in the clerk's office, in his father's native town, registration of his ancestors for two hundred years. When he came home he examined the clerk's office, in Barrington, but he could find no traces of the ancestors of his mother's family, not even who his grandfather and mother were. His father and mother died when he was young, and he had never heard their names.

He determined it should be no longer so in Rhode Island, and he procured the enactment of our present laws, and had prepared in his office the first very able reports on registration. The labor was chiefly performed by his friend, Dr. Thomas S. Webb.

Dr. T. Newell offered the following resolution, which was read and passed:—

Resolved, That a committee be appointed

to report upon the physical development of the young, with special reference to the present system of education in our public schools.

The President appointed Drs. Newell, Snow and Arnold on the committee.

Dr. C. T. Gardner, the orator, read the annual address, upon the subject of the "Progress and Present Condition of the Science of Medicine," which was a well written and able essay, and received warm applause.

Editorial Department.

Periscope.

Recovery from Tubal Pregnancy.

Dr. Wellington gives the following interesting cases in the Boston *Medical and Surgical Journal*:—

Mrs. C., aged 35, has for a long time been a chronic invalid. She was married five years ago, but has had no children. Two years since she missed two menstrual periods, and afterwards had considerable flowing; whether there was an abortion or not, is uncertain.

March 17th, 1873, she had a sudden attack of very severe pain in the lower part of the abdomen, on going down stairs in the morning. This pain was a little to the left of the median line. She had missed one menstrual period, which was due three weeks before. Soon after the access of the pain she commenced vomiting, and became very faint. At 6 P. M., when I first saw her, in consultation with her physician, Dr. Wood, she was in a state of collapse, and had been for some time. The vomiting continued; she could retain nothing upon her stomach. She was faint, and, at times, pulseless; the extremities were cold, and covered with a clammy sweat. There was pain and tenderness in lower part of abdomen, chiefly on the left side, with dullness and fullness in the dependent part. Per vaginam, the uterus was found to be low down, and slightly tender. For a day or two previously, she had had slight flowing, with membranous shreds, which continued. She looked as though she would die very soon. During the night she rallied, the pulse improved, the faintness diminished, and there was less vomiting. The abdominal fullness, dullness, and pain continued.

From this time she gradually improved, but not continuously. At times the vomiting returned, and was troublesome. Once there was dysuria, and the urine was reported to be bloody. Both dysuria and bloody urine ceased suddenly.

She is now convalescent. When last seen, a spot of fullness and dullness was clearly made out in the left iliac region, though less marked than formerly; this spot was a little tender. She had recovered, in a good degree, her appetite and strength, and was able to walk and to take out-door exercise.

Last September I saw a case similar to the above, in consultation with Dr. Webber. The two cases were so much alike that nearly the same description will apply to both.

A married woman, who had passed one menstrual period, was suddenly seized, while sitting in her husband's office, with a very acute pain in the lower part of the abdomen. This was followed by vomiting, slight diarrhœa and collapse. She had a series of fainting turns; the pulse became rapid and feeble, and, at times, could not be counted at the wrist. There was but a single sound of the heart; the extremities were cold, and she appeared like a person dying. Her mental faculties were unimpaired. There was tenderness and fullness in lower part of abdomen, and dullness on percussion, indicating an effusion of some kind into the peritoneal cavity. Two days after there was a slight bloody discharge from the uterus.

Her subsequent history was similar to that already described. She rallied from her collapse, gradually improved, and in the course of two or three months was well. She has since menstruated regularly.

Injection of Alcohol into Tumors.

C. Schwalbe, who has already advocated the treatment of bronchocele by the injection of tincture of iodine and of alcohol into the areolar tissue, describes in Virchow's *Archiv*, vol. lvi, part 3, a case of lipoma successfully treated by the same plan. In the course of eleven weeks he made eighteen injections of alcohol into the tumor. The result was, that it became reduced to one-half of its original size, and hardened. Finally, Schwalbe induced suppuration by injecting caustic potash with the alcohol. On this, however, the patient ceased attendance. He concludes that atrophy of lipomata may be produced by cicatrical contraction, although more slowly, and perhaps less constantly, than in strumous swellings; and he suggests that, in cases of large and very vascular lipoma, the injection of alcohol may be employed as a means of reducing the

size of the tumor, and diminishing the risk of hemorrhage when an operation is performed for its removal. The good effects that have been ascribed to the injection of ergotin in cases of aneurism and varix he believes to be due not so much to any action of the ergotin, as to the contraction of the cicatrical tissue resulting from the inflammation; and hence, he believes, alcohol is a more efficient remedy in such cases than ergotin.

Dr. Hasse, of Wordhausen, recommends the injection of alcohol into the substance of adipose or lipomatous tumors. He gives one case of a female who had a large fatty tumor reaching from the shoulder to the armpit. He injected alcohol into this at four different sittings, with fifteen days' interval, directing the syringe into different parts of the tumor. In a few days there was some slight inflammation. The tumor became at first firmer, but soon softened and fluctuated at several points. In three weeks an incision was made into the tumor, and the fatty matter could be pressed out in a liquid form. In another case of a man, æt. 40, similar treatment was adopted with similar result.

Early Medical Patents.

The first person who introduced patent medical remedies in England, says the *Chemist and Druggist*, was John Dickson, in 1620, whose patent is numbered sixteen, and relates to a "certain commodious instrument called a back stall, back frame, or back skreene, for the ease and reliefe of such sick persons and others as are, or shall be, distempered or troubled with heate of theire backes through continual keeping or lyeing on theire beddes.

In 1632 Thomas Grent invents—

"A moveable hydraulike or chamber wethercall like a cabinett, which being placed in any roome or by a bedside causeth sweete sleepe to those which either by hott feavers or otherwise cannot take rest, and withall altereth the drye hot ayr into a more moystining and cooleing temper, either with musical sounde or without."

A few more specifications take us through that troubled century of English history, and in 1726 we find Benjamin Okell describing—

"A new chymicall preparacon and medicine," styled "Doctor Bateman's pectoral drops," stated to moderate sweat and urine, and to be useful in rheumatism, afflictions of the stone, gravel, agues, and hysteric."

In 1742 Michael and Thomas Belton introduce "an oyl extracted from a flinty rock for the cure of rheumatick and other cases." This is one of the few remedies which has weathered the competition of a century. The next year John Hooper brings out his "female pills," which he says "are compounded of the best purging stomatick and anti-hysterick ingredients," but he does not more definitely specify these. In 1747 Dr. Robert James takes out a patent for his still famous fever powder, and, at the same time, for a pill which has been almost if not completely discarded. The powder, he says:—

"Is prepared by calcining antimony by long-continued heat in an unglazed earthen vessel, adding to it from time to time any animal oil and salt. The compound is then boiled in melted nitre, and the powder is subsequently obtained by dissolving the nitre in water."

Nobody else has ever been able to make the powder by this formula, and it is highly probable that Dr. James never did. In 1774 the same physician ventured on another patent for pills, described as "analeptic pills," and with a fair range of usefulness, including the "lowness of spirits," which is such a fertile source of hope to modern medicine-mongers. These pills contain his own fever powder with pill rufi and gum ammoniacum, the two last having to be dissolved "in a cave underground, furnished with the conductors of electrical fire."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received the following pamphlets:—

Report on Fracture-Bed. By Dr. C. Truesdale.

Report of the Municipal Hospital of Philadelphia. By Dr. W. M. Welch.

Proceedings of the State Medical Association of Arkansas. 1873.

Transactions of the Little Rock and Pulaski County Medical Association. 1873.

Constitution and By-Laws of the Little Rock Medical Association.

Constitution and By-Laws of the Northeastern District Medical Society of Michigan.

——We observe in the *Monatsschrift fur Ohrenheilkunde*, for May, a generally favorable review of Dr. Turnbull's work on the Ear. It gives it the credit for being accurate, full, and well up to the latest advances of otiotrical science.

——Dr. Philip C. Williams has written a Reply to Dr. H. C. Wood's Review of the Medical Testimony in the Trial of Mrs. F. G. Wharton for the alleged attempt to poison Mr. Van Ness. It is reprinted in pamphlet form from the *Richmond and Louisville Medical Journal*, June, 1873. This interesting discussion is ably supported on both sides, but the whole is a rather sad commentary on the toxicological knowledge of the day.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 19, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

LAWS OF POPULATION.

In the complex study of social economics the temptation to overlook important factors which are awkwardly in the way of our pet theories is very great. Then it is so easy to set up a theory, and there is so much to be said in favor of any imaginable view, that no wonder every writer on these subjects is more or less of a hobbyist. A very deserving student of such matters is Dr. NATHAN ALLEN, of Lowell, Mass., and he has excited considerable interest among others in these profitable speculations. His latest contribution is entitled "The True Law of Population based on Physiology and Psychology," which has been printed in various medical journals in this country and England.

Knowing of old Dr. ALLEN'S pet idea that a balance of "temperaments" is at the basis of moral, social, and physical prosperity, we anticipated that this would be the pith of his "True Law," and we were not disappointed. He argues thus:—

"An examination into the views and theories of most writers upon population shows that the laws which they lay down for its increase have been controlled generally by agents or objects entirely external to the body, and some of them hold only remote or indirect relations to it. Now, while these external agents, such as food, climate, exercise, etc., may operate as powerful factors or as secondary causes, we maintain that there is a great general law of propagation which extends through the whole animal and vegetable kingdoms. Whatever influences these agencies may have in the development of the body, the most important agent or law of all, the law that shapes its life, character and destiny, it would seem, must have its origin and seat somewhere in the body itself. What, then, is this Law? It may be defined thus:—*It consists in the perfectionism of structure and harmony of function;* or, in other words, that every organ of the body should be perfect in its structure, and that each should perform its legitimate functions in harmony with all others. * * * *

"In accordance with this physiological law, if any class of organs become predominant in their development, if what may properly be denominated one of the temperaments becomes excessively developed, it conflicts with this great law of increase. In other words, if the organization is carried by successive generations to an extreme; that is, to a high nervous temperament—a predominance of the brain and nervous system; or, on the other hand, to a lymphatic temperament—a predominance of the mere animal nature, it operates unfavorably upon the increase of progeny. Accordingly in the highest states of refinement, culture, and civilization of a people, the tendency has always been to run out in offspring; while on the other hand all tribes or races sunk in the lowest stages of barbarism, controlled principally by their animal nature, do not abound in offspring, and, in the course of time, they tend also to run out."

We have several stones to throw at this structure. In the first place, here and throughout his whole article, Dr. ALLEN confounds two very different things. He lays down a law of *maximum fecundity*, and supposes that it is the same as the economic law of *maximum population*, whereas the two are in social economics entirely distinct, and in physiology, often antagonistic.

The law of *maximum population* is connected with the greatest *viability* of offspring. In Ireland, where the births are say twelve per cent. more than in England, the num-

ber of those surviving to adult years is about twenty per cent. less; hence the population, in an economic sense, is less.

It is a well recognized law of nature that in both plants and animals reproduction is active in an *inverse* ratio to the viability of the product. Countless thousands of young are procreated by insects and those fishes whose tenure of life is most precarious; while as the probability of survival increases with the ascending scale of independent power, the offspring diminish in number. So in human experience, in those nations in which the mortality of the young is greatest the number of children born to a union reaches its maximum; those families who will most certainly rear their infants have few of them. It has been conclusively proven that native American couples in the United States have fewer children than those of foreign parentage, but do not lose near so many. The Indian squaws have few children, but, barring accidents, what they do have, survive in larger proportion than those of fecund Ireland.

Hence, the true law of population is not to be derived from the statistics of birth alone, but of birth *plus* viability, or average duration of life. It is not a mere physiological inquiry, to which Dr. ALLEN would reduce it, but must embrace those circumstances which sustain as well as originate life. It is nowise identical with any "great law of *propagation*," for this is quite another topic. In its economical aspect the question is:—What elements secure to a community the greatest number of effective workers?

The population, to be of value, must be of bodily and mental condition, and of age proper for labor. Infants, idiots, and the superannuated do not count. Only by stripping the problem of vagueness and putting it thus does it have any interest for the student of social conditions, the political economist, or the statesman. This, we see, is a very different question than that proposed to himself by Dr. ALLEN, although the language of his article evidently shows that he has by no means rendered this distinction clear to himself.

In thus reviewing his studies we are far from desiring to depreciate them, as we always read his writings with pleasure, and recommend them to all who pass a portion of their time in acquainting themselves with such topics.

NOTES AND COMMENTS.

Sufferings on Merchant Ships.

The *Delawarean* gives some particulars of the treatment of a number of immigrants brought to our shores:—

"They crossed the ocean in the steamer Egypt, of the National Line, running from Liverpool to New York. There were nineteen hundred passengers on board. From the first they were put upon short allowance of water. The meat they were compelled to eat, they say, was rotten, and the potatoes were all diseased. Their soup was made from the water used to boil potatoes. The bread was hard ship-biscuits, and, as they were not allowed fresh water to soak them, the little children could not eat them and suffered for food. They were kept beneath decks, and those that were well were compelled to be confined with the sick. A Mrs. Zell was taken with small-pox while on board, and the disease was at its height when the ship passed quarantine at New York.

An Egyptian Medical Papyrus.

Professor Ebers, of Leipzig, during a recent visit to Egypt, has obtained possession of an ancient papyrus, written in the oldest hieratic character, and believed to be above 3400 years old. Notwithstanding its great age, not a single letter is wanting in the hundred and ten leaves of which it consists. It is a complete treatise of ancient Egyptian medicine, in which the diseases of the several parts of the body and their treatment are described. Nine leaves are devoted to diseases of the eyes, a subject in which the Egyptians were in advance of all other nations of antiquity. It is said that the King of Saxony has obtained possession of the papyrus for the library of the University of Leipsic.

The Temperance Movement in France.

A correspondent of the *British Medical Journal* reports that the Secretary General of the French Temperance Association, M. Lunier, showed that the quantity of spirits consumed in France amounted in 1820 to 350,000 hectolitres, in 1850 to 585,000, and in 1869 to 978,000 hectolitres, which, of course, does not include the quantity smuggled and obtained by other surreptitious means. This M. Lunier attributed to the introduction of the distillation of spirits from grain and beet-root, which has, in great measure, replaced the juice of the grape, and which has been attended with most disastrous consequences, as shown by the police and mortuary returns. Dr. Lunier, in referring to the total abstinence principles of similar societies in England, America, and Holland, observed that, however much he admired those principles, their fulfilment in a country like France, where the vine grows in abundance, is simply impossible; and where, after all, alcoholism has attained such alarming proportions only since the introduction of spirits as a beverage.

Dr. Lunier, although a teetotaler himself, does not approve of the absolute exclusion of wine as a dietetic drink, as he does not believe that any wine, whatever may be its strength, can, when taken in moderation, do any harm, provided, of course, that the wine be the natural unsophisticated juice of the grape; whereas alcohol, in any other form or combination, is a poison even in the smallest doses. He never knew of a case of delirium tremens, or alcoholism, brought on by the exclusive use of wine; his object, and that of the Society is, therefore, not to abolish the use of natural wines, but to replace spirituous liquors by more healthful beverages, such as cider, coffee, tea and beer.

Liberal Donation for Hospital Purposes.

Mr. Lewis Audenreid, a merchant of Philadelphia, has placed in the hands of two trustees the sum of $100,000 in well-secured seven per cent. first mortgage bonds, directing that the interest be turned over to any hospital or hospitals in this city, whether connected with a Medical College or not, that may be designated by his friend, Dr. Wm. S. Forbes, in whom he has implicit confidence. He has also instructed the trustees to turn the principal of the trust over to the authorities of any chartered hospital or hospitals that Dr. Forbes may designate, in writing, at any time during his life, or in his will, after his death. The interest of this trust is to be used in the maintenance of beds, to be named in memory of Mr. Audenreid's mother and sister.

We have been informed that this liberal donation was made as an acknowledgment, in part, for valuable professional services rendered by Dr. Forbes.

Ill-advised Changes.

Citizens of Philadelphia who are outside the political influences that surround our municipal affairs, but who feel an interest in the proper administration of those affairs, were not a little surprised lately at the announcement that our city Councils had dropped the names of John M. Whitall and Dr. Isaac Ray from the Board of Guardians of the Poor, and substituted new men. No men, in the last ten years, have labored more earnestly and faithfully in the interests of the city and her pauper population, than those named. But they must give way to political or other considerations. Philadelphia cannot afford to lose the services of such faithful, honest men; she will certainly suffer by it. We pity the poor!

Female Professional Education.

The new law admitting female students to the full rights of the Zurich University, has been recommended by the Cantonal Government for adoption, and the popular vote has been taken on it. Zurich seems to be considerably in advance of the rest of the world in this matter of female education, for the number of lady students has steadily increased since the courses were first opened to them informally, six years since; and there are now reported to be one hundred and nineteen of these "girl-graduates" who have actually matriculated under the existing university rules which it is proposed to legalise.

Fecundity of the Mule.

A case of exceptional fecundity in this hybrid is mentioned in the *Gazette Hebdomadaire de Médecine*, for March, as having occurred recently at Orleansville, in the department of Algiers. A mule has given birth to a young mule perfectly formed. The medical men of the place have ascertained the fact, of which indeed many other examples have been recorded.

Man and Apes.

In an extremely interesting paper on Man and Apes, which Mr. St. George Mivart commences in the current number of the *Popular Science Review*, he deduces from the review of the skeleton, as also of other parts, that resemblance to man is shared in different and not very unequal degrees by divers species of the order, rather than that any one kind is plainly and unquestionably much more human than any of the others. Affinities seem rather to radiate from man in various directions, than to follow the special route.

Foreign Correspondence.

Yokohama, Japan, May 7th, 1873.

Eds. Med. and Surg. Reporter:—

I am a doctor from a town in the State of New York. It is said that if a doctor gets through the first ten years he will live to a good old age. I had practiced eight years. I found that rheumatism and asthma were getting hold of me with a close embrace. I had to go six miles on horseback, at night, in the rain, to see an old sick darkey, a pauper, and I did not get a cent for it. I concluded that if I did not get out of that I should soon peg out.

I started without any particular object in view, other than getting rid of the rheumatism and asthma, as well as the annoyance and responsibility of private practice. Out here I find, to me, a new world and a new people. The first thing I did was to get a Japanese and English phrase-book and bone up on it. I own a ginrickshaw (a two-wheeled carriage, of infantile proportions, universally used here), and two bettoes (tattooed men). One man is enough on level ground, but up hill it is necessary to have one man to pull and another to push. When I go to the great idol Daibutz, twenty miles, my men deliberately strip themselves for the journey, except a breech cloth, about six inches wide, and even the breech cloth they do not hesitate to take off at the various tea houses in order to dash water over the privates. They do not hesitate to do this even in the presence of the ladies, merely taking the precaution to turn their backs.

The *naiveté* of Japanese ladies is astonishing. I summoned my best effort in the native language, at Totska, and asked one of them how old she was. She replied that she was not allowed to have sexual intercourse until she should be twenty! I like Japanese houses; I have no further use for chairs and tables, having become convinced that these last are a vice incident to our civilization. I take off my shoes when I enter the house, I stretch myself at full length on the soft grass mats, I eat my rice and chicken from dishes set on these mats. I am sure to have two or three Japanese ladies near me assisting or resting. I would like to send you a sketch of a Japanese resting, it is a curious sight. [A pencil sketch is enclosed.] I sleep on the mats. The only thing which I cannot as yet get accustomed to is the triangular wedge of wood, slightly padded at the top, and placed under the nape of the neck, for a pillow. I have tried it several times, but uniformly get cramped.

I have assisted, as the French say, several times, at Kamakura, in the worship of a rock, some ten feet square, which the Japanese say fell down from heaven. On it is a very correct representation of the clitoris, labiæ, mons veneris, and vaginal orifice, of colossal dimensions. Worship of this stone is reputed to have cured tens of thousands of barren women who have visited it from all parts of the Empire of Japan.

Sterility would seem to be more common among the males here. I have repeatedly seen a penis, say four feet in length, occupying a secluded place in the temples at Yeddo, Odawana, and Myanoshta.

I would advise those of my medical brethren who intend visiting Japan to come quickly, for the Japs are rapidly emerging into the light of our so-called blessings of modern civilization. For my own part, I am delighted with this beautiful park covering the whole island of Niphon, and with the people who live back from the open ports in a state of charming Arcadian simplicity. I would like to tell you of some bath-house scenes I have witnessed, but I forbear.

I will remark, *en passant*, that the people keep themselves clean.

I thought I would put down these notes for the Reporter, but I doubt whether your readers would like any more of them from an already retired physician, whose sands of life have not run out.

Sayo nara, F. R. Brown, M. D.

Correspondence.

Cerebro-Spinal Meningitis.

Eds. Med. and Surg. Reporter:—

Dr. J. B. Graves, of Corning, N. Y., in the Med. and Surg. Reporter for May 3d, 1873, in his somewhat severe criticisms of diagnosis and treatment of a case, as reported by Dr. J. H. Thompson, of Goshen, N. Y., published in the Reporter for February 8th, 1873, makes the following statement with regard to his, Dr. Graves', treatment of cerebro-spinal meningitis, to wit.: "During the past year I have treated over sixty cases of this disease, three of which proved fatal; two of them died very suddenly in the congestive stage, the third was from a relapse after convalescence. I cannot conceive how Dr. Thompson should ever have suspected that this case was cerebro-spinal meningitis."

Dr. Graves will confer a favor on the medical profession by giving us an article on

the treatment adopted by him in this most fatal malady.

During the past winter and spring I have treated quite a number of cases of epidemic cerebro-spinal meningitis, with a mortality of forty per cent., and in all cases of that terrible disease which have come under my professional care during the last eight years, I am compelled to record a mortality of about fifty per cent.! The mortality in the practice of my neighboring medical brethren is about the same as mine. The outbreak of epidemic cerebro-spinal meningitis in Philadelphia during the winter of 1866 and spring of 1867 yielded a death-rate of over twenty-six per cent. in one hundred and sixty-one cases treated in the Philadelphia Hospital, with thirty-one cases yet remaining under treatment. (Vide *American Jour. of Medical Sciences*, July, 1867, Dr. W. H. H. Githens.)

This outbreak was not characterized by any great degree of malignancy. Such physicians as Stillé, Hartshorne, etc., observed and treated the disease throughout this epidemic, with a death-rate of nearly thirty-three per cent.

The outbreak in Dublin, same year, 1866, yielded a mortality of eighty per cent. The lowest rate of mortality yet recorded is one death in every five cases treated.

The cases treated by Dr. Graves yield a mortality of five per cent.! Why is this?

The "chills," "tendency to coma," condition of circulation, "nausea and vomiting," "hurried and labored respiration," "pains like rheumatism in arms," "tonic action of muscular system," etc., as narrated in Dr. Thompson's case, taken together, all point directly to cerebro-spinal meningitis in one of its most fatal forms. The vertigo complained of at previous times was likely due to digestive irregularities, and in no way connected with his last and fatal attack.

Just how much of the treament adopted in the case reported by Dr. Thompson was superfluous I am not prepared to say, but I believe that the adoption of *any* treatment would have yielded equally unfavorable results.

B. R. Hamilton, M. D.

Nauvoo, Ill., June 19, 1873.

Preparations of the Phosphates.

Eds. Med. and Surg. Reporter:—

As I have recently received a considerable number of inquiries from physicians and druggists in relation to the preparations of the Phosphates by my formulas, I will answer, that the following can be obtained of Thomas Gordon, Pharmacist, Eleventh and Master Streets, Philadelphia.

Elixir Phosphate of Iron, Quinia and Strychnia. Containing two grains of the phosphate of the sesquioxide of iron, one grain of quinia, and a fortieth of a grain of strychnia to each drachm.

Aromatic Syrup of the Phosphate of Iron, Quinia, and Ignatia. Containing two grains of the protophosphate of iron, one grain of quinia, and one thirty-second of a grain of strychnia to each drachm.

Syrup of the Phosphates of Iron, Ammonium, Quinia, and Strychnia. Containing five grains of iron, five of the phosphate of ammonium, one of quinia, and one twenty-eighth of strychnia to each drachm.

Syrup of the Phosphate of Iron, Manganese, Quinia, and Strychnia. Formula published in the Reporter.

Syrup of the Hypophosphites of Iron and Quinia. Containing two grains of iron and one of quinia to the drachm.

There is no pyrophosphate of iron in any of the above preparations.

C. G. Polk, M. D.

Philadelphia, Pa.

Delivery of an Unbroken Amnion!

Eds. Med. and Surg. Reporter:—

Having been engaged in a pretty extensive practice since the year 1861, and having never before seen or heard, in this vicinity, at least, of a fœtus and placenta being delivered in an unbroken sac, I am induced to report this case.

On the night of the 5th of May last I was called to see Mrs. G., eight miles distant, in her third pregnancy, who, I was told, had symptoms of labor brought on prematurely by riding in a rough wagon, over a very rough road, the day previous. On my arrival I learned from the ladies in attendance that our patient, after a labor of less than an hour and a quarter, and one hour before I arrived, had given birth to something very extraordinary, having no resemblance to a child, which still remained in the bed. On examination I found a fœtus and placenta completely enveloped in a tough membranous sac, which on being ruptured disclosed a well-developed, though very small, dead fœtus, and, from all appearances, at full period of gestation, the life of which might have been saved had the membranes been ruptured immediately after its birth.

The mother did very well.

Respectfully,

J. M. Hall, M. D.

Fayetteville, O., June 2d, 1873.

News and Miscellany.

College of Physicians and Surgeons, Little Rock, Arkansas.

This is a new medical organization.

Dr. Hooper was made chairman, and, after the adoption of the constitution and by-laws, the following officers were elected, viz:—Geo. C. Hart, President; A. L. Breysacher, Vice President; E. V. Deuell, Treasurer, and J. H. Lenow, Secretary and Librarian.

The President, Dr. Hart, made a few appropriate remarks in reference to the benefits derived from such organizations.

A committee was appointed to procure

suitable rooms for the permanent meeting of the society.

Dr. Jennings moved that a number of medical journals be taken for the use of the members of the society.

Honorary and corresponding members were elected from different portions of the country.

The society then adjourned to meet at the call of the president.

Medical Society of Wisconsin.

At the late meeting of the Medical Society of Wisconsin, the following officers were elected for the ensuing year:—President, M. Waterhouse, of Portage City; First Vice President, T. P. Russell, of Oshkosh; Second Vice President, S. A. Ferrin, of Montfort; Secretary and Treasurer, T. J. Reeve, of Appleton; Assistant Secretary, Theron Nichols, of Milwaukee.

The University of Maryland.

The Professorship of Eye and Ear Diseases in this institution, and the Lectureship on Operative Surgery, formerly united, have been divided. Prof. Julian J. Chisolm retains the chair of Eye and Ear Diseases, and Prof. Allen P. Smith has been called to that of Operative Surgery. Prof. Nathan R. Smith is Emeritus Professor of Surgery and President of the Faculty.

University of Michigan.

The homœopathists of Michigan, in convention, have nominated the following gentlemen for the positions named in the university, under the new law granting them two professors: For the chair of Materia Medica, A. B. Paine, Bath, Maine; H. B. Fellows, Chicago; T. Bachmeister, Trenton, Illinois. For the chair of Theory and Practice of Medicine, N. T. Cook, Chicago; A. R. Morgan, New York; H. P. Gatchell, Kensha.

Naval Orders.

Surgeon James C. Palmer, of the navy, will be placed on the retired list of officers on account of being 62 years of age, as prescribed by law, and faithful service for over 40 years. Medical Director Joseph Beale, of Pennsylvania, will be chief of the Medical Bureau of the navy by the retirement of Dr. Palmer. Medical Inspector P. J. Horwitz will be promoted to the grade of Medical Director, Surgeon P. S. Wales to the grade of Medical Inspector, and Passed Assistant Surgeon J. R. Tryon to the grade of Surgeon.

Curious Verdict.

A stranger was found dead on the farm of Mr. J. H. Smock, in Holmdel township, Monmouth county, New Jersey. It is said that a sapient jury "sat on" the body and rendered the following funny verdict: "Died by the visitation of God, cause unknown, probably hernia!"

Suicide of a Dentist.

Dr. Amos Westcott, a doctor of dental surgery, committed suicide at his residence in Syracuse, New York, July 6th, by shooting himself. He had been for two or three years suffering from hypochondria, which neither extensive travel nor medical treatment could cure. Deceased stood confessedly at the head of the dental profession. He was formerly professor of operative and mechanical dentistry in Baltimore College of Dental Surgery, and subsequently professor in the New York College of Dental Surgery. He did more than any other to reduce dentistry to a science and profession. He was the author of several works on dentistry, and was the originator and first president of the State Dental Society, and was at the head of the National Dental Society. In 1860 he was Mayor of Syracuse, and at his death was fifty-nine years of age.

—Dr. Victory Hobbs, aged thirty years, a practicing physician and surgeon in North Hampton, New Hampshire, committed suicide, recently, by taking poison. He had acted strangely for several days, and at times appeared very melancholy.

—The horse of a practicing physician, if not worth more than $100, is now exempted from taxation in Connecticut. The Legislature has just refused to extend the exemption to $200 beasts.

—Seventeen Japanese physicians at Kobi have formed themselves into a class, and placed themselves under the instruction of Dr. J. C. Berry, missionary of the American Board of Missions.

—Dr. Holmes, on being asked by a young physician what sign he had better put on his door, replied: "The smallest fevers gratefully received."

MARRIAGES.

BRAZEE—OKESON.—May 29th, by the Rev. L. B.W. Shryock, Dr. John Mason Brazee and Mary J. Okeson, all of Academia, Pa.

BUNN—WHITE—At the residence of the bride's parents, near Burnside, Clearfield Co., Pa., June 26, by Rev. R. H. Colburn, Dr. James M. Bunn, of New Washington, and Miss Julia, daughter of Dr. A. White.

HARDIN—DODGE.—At Beirut, Syria, on May 5th, by the Rev. Henry H. Jessup, D. D., assisted by the Rev. D. Stuart Dodge, the Rev. Oscar J. Hardin, of Tripoli, Syria, and Mary S uart, daughter of the late Dr. David S. Dodge, of New York.

HEBERMANN—DIETER.—July 8th, at St. Alphonsus' Church, Baltimore, Md., by Rev. W. F. Wayrich, Dr. Charles G. Hebermann, of New York, and Mary T. Dieter, of Baltimore.

WHITE—BURGESS.—At Milford. Massachusetts, by Rev. M. Richardson, Dr. Levi White, of Douglas, and Ella Jane Burgess, of Milford.

DEATHS.

WARD—At Newark, N. J., July 11, John F Ward, M. D., in the 58th year of his age.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 856.] PHILADELPHIA, JULY 26, 1873. [Vol. XXIX.—No. 4.

Original Department.

Communications.

BRIGHT'S DISEASE OF THE KIDNEYS, WITH A REPORT OF CASES, ETC.

BY JNO. J. CALDWELL, M. D.,
Of Baltimore, M. D.

Read before the East Baltimore Medical Society.

Richard Bright, M. D. F. R. S., was the third son of Richard Bright, Esq., of Ham Green, in the county of Somerset. He was born in Bristol, which city his eldest brother represented in three successive Parliaments.

Dr. Bright is entitled to the praise of having first pointed out the connection of disease of the kidney in cases of dropsy, where the urine is found to be albuminous and coagulable upon the application of heat and nitric acid. In these cases the liver does not betray any considerable marks of disorder. The condition of the kidneys would, therefore, appear to be the primary cause of the dropsical effusion, whilst in other cases, where the liver has been found to be the seat of disease, the kidney has been unaltered in its structure, and the urine not coagulable by heat. This is, indeed, a most important discovery, and the treatment of various cases of dropsy must, of necessity, be regulated by a regard to the distinction.

Dr. Bright's discoveries relating to cases of Renal Disease, accompanied by secretion of albuminous urine, published in the second part of *Guy's Hospital Reports*, contain cases and observations which display the subject to a greater extent, for not only are a variety of cases related, but the paper closes with an extended tabular view of the morbid appearances occurring in one hundred cases in connection with this condition of the urine. An analysis of this view exhibits many curious facts relating to the derangement of different organs connected with the morbid changes known as the mottled and granular kidney. One of the most remarkable circumstances is to be found in the frequency of its occurrence, and the derangement of other organs connected with it. Dr. Bright views the kidney as the primary organ affected, and the chief promoter of the derangement of the others; next to the kidney in importance, in this respect, he regards the skin, the relations of which with the kidney are too well known to need elucidation. The disease thus particularly noticed by Dr. Bright is remarkable for its fatality. He believes that not less than five hundred die of it annually in London alone. The disease once established, little, indeed, appears to be the chance of benefit from any mode of treatment.

Dr. Bright discovered this disease in 1837. In a subsequent paper he made it a special object to impress upon the members of the profession its insidious nature, that they may be led to watch its first approaches with all the solicitude they would feel on discovering the first suspicious symptoms of phthisis or epilepsy.

Watson's Practice, fourth edition, p. 1020, says:—

"1. Does albuminous urine always imply the presence of Bright's disease?

"2. Is Bright's disease, when present, always accompanied with albuminous urine?"

To both of these questions the answer is "No."

Watson believes that some articles of food, and some medicines have the effect in some persons of rendering the urine for a time albuminous. Perhaps it would be more correct to say that certain forms of irritation of the solar plexus and sympathetic at large may cause this change.

"Albumen may also be detected in the urine after long irritation, partial destruction, and severe galvanism of the medulla and spinal cord; after a blister upon the skin or irritation of the surface called eczema rubrum (mercurial); in the crisis of some febrile disorders; in some cases of pregnancy, of heart disease, delirium tremens, and Asiatic cholera. Whenever blood, proceeding from any part of the long track of the mucous membrane which lines the urinary organs mingles with that secretion, the albumen thereof coagulates when treated with heat or nitric acid."

On the other hand, when the kidney is really affected, the admixture of albumen is apt to disappear, sometimes suddenly, after hot air baths, profuse purging, as from a full dose of eleterium. How are we to know whether albumen does or does not indicate the presence of Bright's disease? We may judge, in part, by frequently testing the urine and noticing whether the albuminous impregnation be transitory or persistent. If week after week it remains steadily present, it is almost surely indicative of that renal disease. M. Rayer and Dr. Owen Rees thought it not improbable that uric acid crystals occurring in the urine of gouty persons may sometimes, by irritating the urinary tubules, give rise to enduring albuminuria when there is no degeneration of the kidney. In our opinion all excessive irritation of these organs will produce temporary albuminuria.

Tanner's *Index of Diseases*, page 226: Renal Degenerations—Ren, a kidney; and degenero, to degenerate.

Fatty degeneration. Synom.

Granular degeneration, or Bright's disease of the kidneys. This may be the result of acute desquamative nephritis, strumous diathesis, bad living, constant exposure to wet and cold, and intemperance. The last we believe to be the most constant and prominent cause.

Symptoms.—Increasing debility, frequent and irritable pulse, striking pallor, with puffiness of face and skin generally, frequent micturitions, causing nocturnal disturbance, dyspepsia, with occasional obstinate vomiting, tendency to grave inflammation of serous membranes, viz., pericarditis, peritonitis, meningitis, pleurisy, anasarca of limbs, with dropsy of these cavities; sometimes œdema of the lungs, with dyspnœa; convulsions soon follow, due to the effects of urea upon the nervous system; coma, soon ending in death; amaurosis, sometimes attacking both eyes, due to fatty degeneration of the retina.

Hogg, in his *Manual of Ophthalmoscopic Surgery*, page 172, gives the following cases illustrative of apoplexy of retina with Bright's disease:—

Daniel F., aged forty, admitted August, 1861, a gas fitter, complained of very defective sight in both eyes; had been rather a free liver, and twice under the influence of lead poisoning. For two years had noticed swelling of the legs, but as he felt no inconvenience, had neglected to attend to it, nor did he notice whether at the time he passed less urine than usual. About three months since he suffered a great deal with headache, and had frequent calls to pass his water during the night, the legs again swelling, undoubtedly œdematous; slight pain in the loins, urine scanty, albuminous and of low specific gravity.

Ophthalmoscopic Examination. — Pupils normal; numerous hemorrhagic spots distributed over the fundus, especially around the optic discs; in the left eye more apparent than in the right. Interspersed throughout were also observed several white patches, having a granular appearance and highly refractive, and which I pronounced to be fatty degeneration of the retina. The urine was closely examined and found to contain albumen. A course of compound jalap powder with iron re-established the health of this patient, with improved vision, in two months after the date of his admission.

Case 2.—John W., aged 26, admitted Sept., 1861, always enjoyed good health and sight until the previous December, when he received a blow over the left eye, and shortly afterwards dimness of sight commenced, which chiefly annoyed him towards night. Three months after, when his right eye first became affected, he went to a medical man, who leeched and blistered him, but his sight getting worse, he applied to the Royal Westminster Ophthalmic Hospital, and was admitted. The eyeballs were much harder than natural, and the pupils somewhat dilated and inactive. With the right eye can

count fingers, and place his fingers on the largest test types. With the left, the fingers and the largest test types appear like black patches. With the ophthalmoscope the retina of each eye was seen to be covered with hemorrhagic spots and white patches, especially around the optic discs; the retinal veins were remarkably tinged and dark in color. With these indications I was led to examine his urine, and found it of a very low specific gravity and albuminous, which directed the course of treatment.

Dr. R. Liebreich relates an interesting case of retinal apoplexy associated with Bright's disease, in the *Archiv fur Ophthalmologie*, 1859.

Stelwag says that here and there albuminuria may have been a cause, or even a nephritic neuro-retinitis.

It appears that there are two groups in which retinal apoplexies are observed. In one the effusions take place in connection with albuminuria. In the other group the retinal affections occur coincidently with other indications of cerebral disturbances, chiefly in elderly people without any kidney trouble, the local vessel walls being at fault.

Professor Alfred L. Loomis, M. D., teacher of Practice of Medicine in the University Medical College of New York, in his lecture, No. 1, reported in the *New York Medical Record*, May 1st, 1873, says, "Amaurosis occurs in the acute stage, not as the result of neuro-retinitis, but of some effect of the urea upon the nervous system.

Cause.—Dr. Loomis further says, the most common cause of inflammatory Bright's disease, or parenchymatous nephritis, is exposure to wet and cold, or sudden change in temperature, hence firemen, as a class, are very liable to suffer from this disease. It is not the alcohol, says Loomis; but the man who gets drunk is liable to exposures which chill him, hence develops his Bright's disease. The same author, in his lecture, No. 2, speaks of the waxy or amyloid kidney, and says that syphilis, and syphilis in its tertiary form, is one of the great causes of this form of the disease.

Sometimes a simple exposure is sufficient, as simply removing the clothing on a hot summer day and then cooling off suddenly by a draught of cool air; the next most frequent cause is blood poison, as scarlet, typhus, pyemia, and rheumatic fevers. Among the irritants we may mention cantharides and balsam, so frequently given in treatment of gonorrhœa, especially when heroically given; it is also not unfrequently developed in pregnancy, because during that stage there is a large amount of excrementitious substance to be eliminated. We may here mention a case lately under our treatment as confirmative of this view. Mrs. H., æt. 27, inherited Bright's disease from her mother, who died, after many years, from the chronic form, aged 50 years. Her daughter (Mrs. H.) after marriage developed kidney trouble during her first pregnancy, and to save her life miscarriage was induced during the fourth month of gestation, and under the most skillful advisers this operation had to be performed for several succeeding years, without one mature issue. This chronic form taking on the acute stage she finally succumbed, a slight exposure inducing lung complications.

Diagnosis.—Professor Loomis (ibid) says, The first thing, perhaps, that will be noticed is more or less headache, accompanied by great restlessness. A severe headache in Bright's disease always means something, and must not be disregarded, for it is often a precursor of more dangerous symptoms, such as convulsions or coma, or if the poison goes on more gradually the patient may first become drowsy and then coma.

The urine is often high colored and scanty, sometimes has a smoky appearance. Specific gravity in acute stage 1030, in fatty degenerated stage about 1020–1025; atrophied stage, chronic, 1010; albumen, acute stage, perhaps one-half to three-quarters of the amount examined.

Microscope.—What do we find under the glass? In the acute stage, granular epithelial casts, pathognomonic of this stage alone, not in amaloid kidney nor cancer kidney. We may also find fibrous exudated matter in small casts (hyalin), also blood-casts in globules. Finding all these you may be sure your patient is in the acute stage of Bright's disease. At times the disease approaches suddenly, the patient is seized with a chill, has pains in the back and along the ureters, with retraction of the testicles. There is great delirium and other disturbance of the nervous system; an array of most fearful symptoms; the patient may pass into coma and die in a few days. This is the most acute and rapid of all the forms of Bright's disease. (Tubular nephritis.) I well remember just such a case. A young man

suffering from a stricture of urethra, recurring after severe exertion and exposure, to whom I had applied the Faradaic current with success as to stricture, but unfortunately acute nephritis caused his death in a few days. This may, perhaps, point to a danger following a current in acute disease of the kidneys. The three forms of this trouble are:—1. Those connected with the urine. 2. Those connected with dropsy. 3. Nervous system.

Still another case. Professor Loomis relates the following: A patient in the chronic stage of Bright's disease, whom he had sent South to remain during the winter months, finding himself, as he fancied, well, after a month's sojourn in that warm climate, returned to New York; on the same night went on a little spree, and was exposed to cold and had a chill. Within twenty-four hours afterwards had complete suppression of urine, was seized with convulsions and died. Professor L. thinks had he taken his advice, and lived up to a suitable climate and regimen, his days might have been considerably lengthened with some degree of comfort.

Dr. J. H. Salisbury, of Cleveland, Ohio, in his work on *Parasitic Development in the Urino Genital Organs*, has found cryptogamic vegetations and cryptogamic parasites, viz: Torollus catarrhalis (spores); botrytis infestans (fungus), which produces the so-called potato rot; Spharrotheca pyra; this is the parasite which produces the blight in the apple, pear, and quince trees, and also found in these organs in morbus Brighti.

H. Niemeyer says, page 16:—"Acute Bright's disease. This name is generally applied to acute forms of inflammation of the kidney. First, the acute is closely allied to croup in the larynx and air vessels, both in its anatomical lesions and terminations, ending either in recovery or death in a few days.

Etiology.—Anatomical lesions, coagulable exudation, with epithelial and blood cells which occlude the urinary tubules, either partially or wholly. Bright's disease, acute, is a frequent complication of scarlet fever. It may also arise in typhoid fever from cholera.

Anatomical appearances found are identical with that of croup, viz.: hyperæmia and exudation; the kidney often twice its proper size; its surface smooth; its tunic opaque, injected, and easily detached; its cortical substance is increased in volume, more or less; brown color, soft and easily torn; when cut bloody adhesive liquid bathes the face of the section.

Microscopic Examinations.—The glomeruli, overloaded with blood, are very distinct, also the malphigian capsules and tubules.

Symptoms and Course.—Often ushered in by rigor and fever, and sharp pain in region of kidney. Violent sympathetic vomiting; constant inclination to pass water, only a few drops at a time, perhaps only an ounce or two a day, color of pure blood or dirty reddish-brown; specific gravity very high; under heat and nitric acid, half or three-quarters albumen coagulum; under microscope, large quantities of epithelium, blood corpuscles, and casts. Now dropsy sets in the face, hands, legs, scrotum and skin, often tensely. When the progress of the disease is favorable the coagula is washed away from the tubules; urine becomes freer and more abundant; albumen and dropsy diminish, in the most fortunate cases, from eight to fourteen days; recovery complete without sequel, though too often this nephritis is accompanied by inflammation of the lungs, pleura, pericardium, uremic intoxication, coma and death.

CHRONIC BRIGHT'S DISEASE—PARENCHYMATOUS NEPHRITIS.

H. Niemeyer, page 20, says:—

"*Etiology.*—In parenchymatous nephritis the epithelium of the uriniferous tubules exhibits the alterations which we have repeatedly described as characteristic of all parenchymatous inflammations. Its cells first increase in bulk, through imbibition of an albuminous liquid; their contents then undergo fatty metamorphosis, by which epithelial cells gradually become converted into fatty granules. Finally the cell membrane perishes, and the fat globules merge freely into urinary tubules. Atrophy of the kidney is the natural consequence.

Bright's disease is very common, less so in childhood than in advanced life. More frequent in men than women. The causes given by the author just quoted are the same as described by other authors.

Anatomical Appearances.—The first stage seldom comes under the observation of the pathological anatomist, but here the organ bears a similar appearance to croupous nephritis, less pronounced.

Second stage. That of exudation and incipi-

ent conversion; size, weight increased; surface still smooth, except a few points of granulating tunica, softer, opaque and loosened, and more yellowish; malphigian capsules no longer visible to the naked eye, owing to enlarged and swollen condition of cortical substance, which may now be half an inch thick; the pyramids are still red and abrupt.

Microscopic Examination.—Enormous dilatation and varicose succulatious contents in first state of fatty metamorphosis; dark granular masses of fat; the glomeruli are almost bloodless and indistinct

Third stage. The stage of degeneration and atrophy. The kidney hitherto has been enlarged; now for the first time has been reduced both in weight and bulk; yet smaller and lighter than a normal kidney; its surface has lost its smoothness, its uniformity now lobulated and studded with granulations, and separated by narrow clefts; consistence no longer soft and tender, but exceedingly, remarkably, firm and tough; tunic thickened and grown fast to the parenchyma; color, dirty yellow, with whitish hue in clefts; upon a section, cortical portion in a great measure disappeared; in contracted spots tubules are empty and shriveled, sometimes collapsed into a fibrous mass; malphigian capsules and glomeruli the same.

Symptoms and Course.—Pain in the region of the kidney, reckoned by most authors a constant symptom, Dr. N. says, "In my opinion is wanting in a majority of cases throughout morbus Brighti." "It is true," he says, "if we press with great force over the kidney, the patient will complain, and so will well folk." After dropsy the albuminuria places the diagnosis beyond a doubt. The patients have long remarked a failure of their strength, pallor and æuemic aspect of the skin and mucous membrane, specific gravity of urine remarkably low, 1000.

The chlorides and other salts having gone from the blood to dropsical effusions, after the urine has been allowed to stand for a while in a champagne glass whitish flocculent falls to the bottom; under the glass the well known casts are found. The face and feet swell, and at a later period the abdomen swells and also the extremities. If the patient be out and moving about the swelling of the feet is greater at night and less in the morning. Dr. N. says: "When it advances rapidly the dropsy may attain great magnitude in a few weeks." He speaks of a patient gaining one hundred pounds in eight weeks by such collections. The pathology of this dropsy is exceedingly difficult of explanation. We think it may be attributed to a general neurasthenia, and hence a general transudation through the relaxed and atonic membranes of the vitiated, defrinated, and partially dealbumated liquor sanguinis. Or, in short, these poor liquids rapidly gravitate through these poor membranes to the adjacent cavities.

Treatment, Acute Form.—Dr. N., page 19, says: Recent cases, robust, local depletion over region of kidney, leeches and cups. He rejects general blood-letting, advises warm baths, followed by envelopment in woolen blankets; the bowels to be kept free and watery by jalaps, senna and colocynth; advises mineral waters, rich in carbolic acid, as a beverage. No drastic diuretics to this inflamed kidney. In the passive form of this trouble, albuminous food, with quinine and iron, make up the treatment.

Treatment in Chronic Form.—Dr. N., page 33, says: "Insist on keeping the body wrapped in flannels, in a dry and warm house, with a favorable climate. Avoid excess of spirituous liquors, the use of diuretics, cubebs and spices, copaiva especially; all antiphlogistic methods."

Frerichs favors tannic acid three times a day, 2 to 6 grains at a dose, with aloes, good beer, wine, quinine, and iron, as promoters of nutrition and strength. Dr. N. goes into ecstacies over the milk treatment, and says the patients did not take a grain of any medicine, but drank from five to six pints of cow's milk daily. After the cure had been continued in this manner about four weeks, some of the patients, who had been most wretched, got rid of their dropsy with appearance of health, regained strength, resumed business, some to perform hard labor.

Napheys, in his *Modern Therapeutics*, gives, when the urine is smoky, or blood found under the glass, viz., ℞. of Dr. Wm. Aitken, Edinburg:—

℞.—Acidi gallici,	ʒj—ʒij.	
Acidi sulph. diluti,	fʒss.	
Tinct. lupuli	fʒj.	
Infus. lupuli,	fʒvj.	M.

S.—Tablespoonful 3 times a day.

Dr. Goodfellow recommends the following pill in dyspeptic symptoms:—

℞.—Ferri sulph.,	gr. j.
Ext. Nucis vomica,	gr. ½—j.
Piluli galb. comp.,	grs. ij—iij.

Three pills a day.

For nausea, persistent:—

℞.—Acidi hyoscyami, gtts. xxiv.,

with mustard to the stomach.

Mercury in Bright's disease is dangerous, and orders instead, podophyllin and hyoscyamus.

In conclusion, Mr. President, we will select from the learned Tanner, page 227, on treatment, the following general remarks on this direful malady: He says the palliations are regulation of diet, abstinence from intoxicating drinks, the use of starch, sugar, sea air, occasionally purgatives of jalap and eleterium, etc.; as tonics, bark, quinine, mineral acids and iron. Opium may be needed in irritability and restlessness, but to be used with great caution. Hot water vapor baths, and lastly, and of importance, puncture of the anasarcous extremities.

A REPORT OF CASES OF PUERPERAL FEVER.

Read before the Chenango Co. (N. Y.) Medical Society, June 10th, 1873.

BY G. O. WILLIAMS, M. D.

Since the last meeting of the Society, in the section in which I have been practicing, an unusual number of cases of erysipelas occurred, generally of a severe type. Sometimes two or more cases appeared in a family consecutively, indicating its contagiousness. In all the cases the locality of attack was the face and head. In two instances the whole scalp was involved, accompanied with alarming symptoms. All the cases recovered, however, and no importance was attached to them, aside from their unusual number and rapid succession, and the fact that a large proportion of them were females between thirty and forty years of age.

These cases occurred during February and March. On the 22d of March I was called to see a case of puerperal fever for a neighboring physician. The patient was in the later stages of the disease, and died on the 23d. The attending physician, after describing the case to me, expressed with candor his fear that the disease had originated from infection communicated by himself from cases of erysipelas he was at the time treating. This probably would have been passed by as a possible cause, especially as it was a primipara and a forceps case, aged 31; but ten days later I attended another, confined with her first child, aged 27, in which case I used the forceps.

Chloroform was not administered, and no laceration was produced. At the end of thirty-six hours a chill ensued, followed by an increased pulse, partial suppression of milk, moderate thirst and fever. The lochia was suppressed, or rather, supplanted by an abundant and extremely fœtid discharge, almost colorless. The abdomen became tympanitic, though not tender; the pulse, 110, became intermittent on the 5th day, delirium followed, and death took place on the tenth day of the attack. The case throughout was painless. I regarded it as a case of pure septicæmia. It was identical with the case to which I had been called by my friend, and suggested the question, *Had I, too, poisoned my patient?* This case was also attended by a third physician, who, during its course, was called to give his services to a lady confined with her third child. She had a somewhat tedious labor, though no extraneous assistance was required. She was attacked within forty-eight hours with acute peritonitis and died in a few days. No more trouble followed our obstetric practice, though all shortly after met with this duty. It was remarked, however, that cases of miscarriage, occurring about the same time, had more or less metritis, and were tardy in recovery and tedious in treatment. In none of the three cases could I learn that any injury had been inflicted.

These cases occurring so consecutively, and the rumors of more in other localities, induced me to distribute throughout the county the blanks you received, to enable me, if possible, to glean all the cases within its limits and discover their cause. A large number were returned unfilled, and I regret that some cases of which I was cognizant were not reported at all. From four different localities, and from five physicians (whose names I am not at liberty to use), I have received in all sixteen cases. The summary of these I present to you. I have no theory to elaborate from them, and the suspicion of the relationship or identity of these cases and erysipelas may be dependent simply on their co-existence. Whatever may be established as their cause, I am confident it will be developed from the facts you may elicit from the gentlemen who treated them.

Of the sixteen cases, six are reported by one physician—two fatal, four recoveries. Erysipelas followed as an epidemic. Four are reported by another physician—all fatal. An epidemic of erysipelas preceded these

cases. The remaining six are divided among four physicians, really practicing in the same section in two different towns. Erysipelas prevailed as an epidemic in this section. Of the sixteen cases eleven died, five recovered; five followed miscarriage, eleven labor at full term. Of the five cases following miscarriage, three were fatal; of the eleven following labor at term, nine died. Two had metritis, five peritonitis, nine had puerperal fever, seven were primiparæ, nine pluriparæ, three required manual aid, two the forceps, six were natural. The average duration of the disease was six days. Five cases occurred in January, three in February, three in March, and four in April. The average age of the patients, 33 years. As a matter of curiosity it may be stated that the youngest was 19, the oldest 55.

The confinement of these cases to really three localities indicate an endemic character, and we may look for their causes within a circumscribed limit. These, gentlemen, are the facts I have secured, and I leave them to your consideration, after thanking those who have so kindly furnished me the data.

BROMIDE OF POTASSIUM AND THE DISEASES OF DENTITION.

BY C. G. POLK, M. D.
Of Philadelphia.

As Bromide of Potassium has been applied to nearly every disease to which flesh is heir, anæmia and gastritis perhaps not excepted, I supposed, until recently, that the value of this agent in the disorders of dentition was well understood, and that it was frequently used. Finding the application of it to that class of disorders quite a novelty to many, I will give my experience, hoping to awaken attention to it from those possessing larger fields of observation, to verify or disprove my conclusions.

I have used Bromide of Potassium in about one hundred cases of infantile diseases, embracing those of diarrhœa, pulmonary congestion, and cerebral congestion, arising from dental irritation. I have seen the diarrhœa which had defied chalk, acetate of lead, calomel, catechu, opium, the sulphites, and pepsin, yield in forty-eight hours to this Bromide. I have seen persistent vomiting, which is often, in such cases, nought else but reflex action from the brain, cease after a full dose of this agent. I have seen the hot head, with gritting of the teeth, presagers of convulsions, yield to a few doses. I have seen pulmonary congestion, dependent on the same cause, yield in a few days.

The most marked case I recollect was in a daughter of Mr. Pickett, of Frankford Arsenal. I had diarrhœa and both cerebral and pulmonary congestion to contend with, and at the time I resorted to the Bromide of Potassium the case seemed hopeless; under its influence she made a rapid recovery.

The dose must be adapted to each case.

THE TREATMENT OF PUERPERAL PERITONITIS.

BY W. W. SMITH, M. D.,
Of Avoca, N. Y.

The text books being deficient in treating of Puerperal Peritonitis, leads me to give a cursory report of a case in my practice, thinking, perhaps, it will bring out something more valuable from some other source.

On April 19th, 1873, I was called to see Mrs. S., aged 21, primipara, who was confined six days before, attended by another physician, an eclectic.

The following history I received from the patient and family:—

There were no complications in the labor; milk fever set in on the second day, followed by a fair amount of milk, and lochial discharge. About this time, the patient says she commenced to hear a ringing sound in her ears, which deprived her of both rest and sleep, causing her friends to think there was something wrong about the brain. I asked if there had been an unusual amount of flowing during labor or after, but there had not. She had had a slight chill daily for the last four days, followed by fever, lasting six or eight hours. There had been no lochial discharge for two days. Her husband was worried, from the nature of the symptoms, and called the attention of the attending physician to them, but he said she was nervous and had hysterics, and would be up in a few days.

She was very thirsty and had not eaten anything scarcely since she was confined; tongue coated; pulse 130; temperature 106; surface moist and pallid. Bowels had not moved in two days. There was no tenderness or distention of the bowels. I told the family I thought she had childbed fever. I prescribed ½ gr. quinine and 2 gr. Dover

powder once in four hours, and enough morphine to give rest and sleep. She said she had slept scarcely any in three days, on account of the ringing in her ears. Patient was not much prostrated at this time, she could raise herself in bed.

The next day I called, she said she had slept more through the night than she had the three days before, but the ringing in the ears was the same. The symptoms did not vary during the 19th and 20th. Between paroxysms of fever temperature stood at 103°, and pulse varied from 120 to 130.

On the morning of the 21st there was slight tenderness of the bowels on quick and deep pressure. I ordered fomentations of hops over the bowels, a little increase of the morphine, a small amount of stimulation, and vaginal injections of carbolic acid and water, 1ʒ to the pint.

22d. Patient much prostrated; surface pallid; temperature 105½; pulse 145, thread-like and quick. About one respiration in five or six was accompanied by a long jerking sigh. Abdomen very tender, full, and hard. The distention of abdomen impeded the respiration slightly. I ordered the morphine given as often as was safe, and the bowels moved every day by injections of warm water; otherwise treatment the same.

23d. Patient more prostrated, with very anxious expression of countenance, the other symptoms the same. I asked Dr. Patterson to see the patient with me. We agreed to keep her well under the influence of the morphine, with a liberal amount of stimulation. Prognosis very doubtful.

The temperature had now for two days been up to between 104½° and 106°, with pulse 145 and very weak. I concluded to try the effects of veratrum. I could not be with the patient that day, so I only ordered 2 gtts. of the fluid extract every two hours, first dose at 10 A. M. At 6 P. M. pulse stood at 130, temperature 105½°. I now gave 4 gtts. of the fluid extract every two hours for eight hours, at the end of which time temperature was 103°, and pulse 96, and much stronger. The nervous sighing now ceased.

The next four days the temperature varied from 103° to 105°, and pulse from 100 to 130. If I reduced the veratrum to two drops the pulse would run up to between 120 and 130, but four drops would bring it down to nearly normal.

The patient now commenced gaining very slowly and in twenty days could sit up to have her bed made.

The secretion of milk ceased entirely during the height of the inflammation, and could not be started after the patient began to recover.

The points of most interest in this case to me are, first, Is puerperal peritonitis primarily a local or constitutional disease? Does the general peritonitis accompanying it come about from an extension of metroperitonitis to the bowels, or does it come about from a blood poison? It will be noticed that there was not the least tenderness of the peritoneum, either pelvic or abdominal, until there had been all the symptoms of blood poisoning for five days. I think you will find that in most cases there will not be any local symptoms until after the morbid material absorbed from the womb has brought about the symptoms indicative of blood poison.

The second point of interest is the complete control I had of the circulation, in bringing down its frequency and giving it strength by the use of veratrum.

Medical Societies.

ANNUAL MEETING OF THE MONROE COUNTY, N. Y., MEDICAL SOCIETY.

This Society held its annual meeting in Rochester.

Dr. David Little, Vice President, took the chair, in the absence of the President, Dr. Slayton.

Dr. Hovey read a paper upon "Endemic and Epidemic Disease." The general history and character of this class of diseases, and their causation, were dwelt upon.

Dr. E. V. Stoddard, from the Committee on Hygiene and Practice of Medicine, read an article on "The Preventable Causes of Disease." He said that in considering the causes, the preventable far outnumber the inevitable. In comparing the various periods of life we are struck with the great mortality in infancy. This arises very largely from preventable causes—the influence of impure air, badly prepared food, and filth, as causes that are lost sight of by the people but recognized by the profession. The importance of a change in the system of instruction in our public schools, and of better and more healthfully arranged buildings for school purposes, was urged. The necessity for instructing those engaged in the occupations of architecture and engineering in sanitary science, at the same time with a general effort to excite an interest in and appreciation of the subject by the people, was especially dwelt upon.

Dr. Dean spoke at length upon the subject, and at the request of the chairman of the Sanitary Committee of the New York State Medical Society, presented a plan of that committee, looking forward to an organization which should unite all the county Medical Societies, for the purpose of securing a complete hygienic condition of the State. He further recommended that so much of that plan as referred to the hygienic condition of this immediate district be considered by this society and referred to a special committee, to report thereupon at the ensuing meeting of the New York State Medical Society, this report to embody all points relating to sewerage, water supply, and, in short, every thing affecting the general health of this locality.

Dr. H. F. Montgomery, from the Committee on Surgery and Physiology, read an article referring to several improvements in surgery.

Dr. W. S. Ely reported a case of opium poisoning, attended in January last, in which life was prolonged for nine hours by artificial respiration, after the Sylvester method.

The following persons having applied for admission, and having signified their intention to subscribe to the code of ethics of the American Medical Association and that of the New York State Medical Society, and the by-laws of this society, were, upon the exhibition of the proper credentials, admitted to the society:—Dr. Julius L. Kempe, Dr. James M. Andrews, Dr. Thomas A. Carson, Dr. Maitland L. Mallory, Dr. Sarah R. A. Dolley, Dr. B. I. Preston, and Dr. Sarah Van Tuyl.

Dr. Starr, from the Committee on Surgery and Physiology, read an interesting paper on "Phosphorus, and the structure of the White Blood Corpuscle."

Dr. Hovey offered the following resolution:—

Resolved, That the Society, through its Secretary, request the Member of Congress from this District to use his influence for the passage of a law to procure an extra edition of the "Medical and Surgical History of the Rebellion" sufficient for general distribution to the profession. Adopted.

The following officers were then elected for the ensuing year:—

President, Dr. David Little.
Vice President, Dr. W. S. Ely.
Secretary, Dr. M. R. Speare.
Treasurer, Dr. E. V. Stoddard.

THE MARYLAND EPIDEMIOLOGICAL ASSOCIATION.

The regular monthly meeting of the Maryland Epidemiological Association was held, with Dr. Geo. G. Brewer in the chair, and Dr. G. W. Simpson, Secretary pro tem.

By invitation, Professor Harvey L. Byrd read a paper on yellow fever, confining himself chiefly to facts which had come under his personal observation in the Southern States. The Professor stated that nothing certain concerning its source can be ascertained, and it is probable that it was first brought to Southern Europe and the southern portion of this continent from the western coast of Africa. The aborigines of this country knew nothing of it until it was brought by ships engaged in the slave trade. It is comparatively unknown in the country, and mostly confines itself to cities holding commercial relations with tropical countries. Boston, New York, Philadelphia, Baltimore, Norfolk, Charleston, Beaufort, Savannah, Mobile, New Orleans and Galveston, have all been visited by yellow fever in an epidemic form, and it has extended up the Mississippi river as far as Natchez and Vicksburg. It depends upon a specific cause, which consists of organic matter, and it requires for its growth a certain continuous temperature. It is effectually destroyed by frost, and yet it may be said to exist perennially in some of the Southern cities and in the West Indies. Its fungi must, however, be reproduced by a certain continuous temperature. It is a disease *sui generis*, and is as distinctly contagious as small-pox. One well defined attack protects the survivor, with almost certainty, from a second attack. In 1850 an eminent commission of thirty-three distinguished medical men, both English and French, decided that out of 27,000 cases brought to their attention, there was only one repetition certain, and but three probable. The native African is exempt from yellow fever, and his descendants in this country are, even to the fifth generation, remarkably free from it. The Caucasian race is most susceptible, and the purer the type the greater the susceptibility. The mulatto occupies, as it were, a middle ground. More males fall victims to the disease than females, and, as a rule, the strong and robust are most subject to it in its epidemic form. Nothing affords certain protection but previous attack, and it must have been well defined. It is a remarkable fact that in localities in the Southern States in which bilious fever is most severe, yellow fever is not known. In reference to the contingencies of the disease, Professor Byrd stated that its fungi had been carried hundreds of miles into the up country in clothes and other articles of use. The disease is of one paroxysm, and probably takes its name from the orange tinge of the skin. A chill is far from being the first symptom, and the symptoms are irregular, varying with the constitution, age and sex. The Professor then gave the symptoms of the disease as he had often observed them, and detailed the modes of treatment and the remedies. In reference to the rate of mortality of the disease, Professor Byrd stated that it sometimes reached ninety per cent., and sometimes was only four or five per cent. Black vomit was also described and commented upon.

The subject was further discussed by Drs. Jno. S. Lynch and J. J. Caldwell, and, on motion of Dr. Caldwell, the thanks of the Association were voted Professor Byrd, and his paper requested for publication.

Dr. Caldwell moved that a committee be appointed to draft suitable resolutions in respect to the memory of the late eminent Dr. J. C. Nott, of Mobile. The chair appointed Drs. Byrd, Lynch and Caldwell.

On motion of Dr. Lynch, the following committee was appointed on the best means of preventing epidemic diseases:—Drs. John S. Lynch, Harvey L. Byrd, Wm. H. Baltzell, D. W. Cathell, and John Morris.

The Association then adjourned.

CHENANGO COUNTY, N. Y., MEDICAL SOCIETY.

The semi-annual meeting of the Chenango County Medical Society was held at the Court-house, in Norwich, June 10th, 1873. In the absence of the President, the Society was called to order by the Vice President, Dr. W. H. Stewart.

The Business Committee presented a paper on Hematuria, which was read by its author, Dr. J. Jameson. The doctor gave a history of a case of hematuria, in which, while gallic acid, iron, and the ordinary remedies were employed without success for the period of eleven weeks, the disease readily yielded to the action of spirits terebinthinæ, in fifteen to twenty-drop doses, every four to six hours.

Dr. G. O. Williams, through the committee, presented a report of cases of puerperal fever occurring in Chenango County during the six months ending June 1st, 1873 (sent for publication to the MEDICAL AND SURGICAL REPORTER).

Dr. G. W. Avery exhibited anatomical specimens of the stomach and bowels obtained in the autopsy of a case of ulceration and perforation of the pyloric orifice of the stomach and duodenum, caused by a severe burn. A peculiar feature of this case was that, although an adult, death occurred from ulceration and perforation as soon after the accident as the fifth day.

Dr. E. Odell gave the history of a case of accident to the eye, in which the crystalline lens was broken up.

On motion, the Society adjourned to meet in Norwich on the second Tuesday in October, 1873.

D. M. LEE, M. D., Secretary.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Special Treatment of Nervous Exhaustion.

Dr. ROUTH, of London, sums up his teachings on this subject, in the London *Medical Press and Circular*, as follows: His recommendations are

1. Complete rest, and especially abstention from all occupation resembling that upon which the mind has been overworked. This is a rock upon which many split. A friend of mine, an obstetrical physician of great eminence and practice, thought to take his holiday in Ireland, but in doing so could not resist the temptation of visiting the Irish hospitals. His two months passed pleasantly enough, but not so the following winter. He came out with an œdematous eruption, and lost his nails, and continued ill till Swiss air and Swiss mountains, during his next holiday, restored him. It is important, however, to give a patient some occupation. To let a man who has been in harness many years degenerate at once into perfect idleness is most unwise. But the work supplied should be altogether different from his former occupations. Where a new fancy has been adopted, and it is not likely to injure the person, it is well to encourage it. It calls forth into action new powers of the brain, while the previously overwrought parts have time to recover. I know a case where the weak man took to writing poetry. It was a perfect phrenzy. Day after day he wrote wondrous effusions, remarkable both for their beauty and pathos. I encouraged him. He completely recovered in the year.

Such a plan of treatment is, after all, only carrying out the principle so accurately laid down by my friend Dr. Richardson, when he states, that the brain "is an organ that can rest in parts where jaded, and work in parts that are not jaded, at one and the same time."

2. It is essential to insure tranquillity to the senses which especially give incorrect impressions, and only to put those objects before them which will tend to soothe the mind. Before that of sight, green fields are most conducive to rest. There is no color which, like green, is so soothing to the eye. The hearing, likewise, must be soothed; noisy places avoided. Sea change, so often advantageous by reason of the bromine inspired, is to be avoided if the waves be stormy or otherwise than in a state of calm. Smell and touch, likewise, are to be calmed; quiet, sweet-scented, zephyr breezes are the best. A host of quieting mesmeric influences may be produced thereby, just as sleep can be induced by looking fixedly at any object, or hearing a monotonous voice, or feeling a gentle breeze playing on the face. Taste is gratified in like manner by simple, nutritious diet, but especially fish diet, and

that fish diet, for the reasons before stated, of those varieties richest in phosphorus. The best internal medicines are iron, as improving the sanguineous plasma; but phosphorus, whether as atlotropic phosphorus, or as the solvent phosph. med. ♏x. to xv. ter die, or as phosphide of zinc, affords the best chance of restoration.

Operation for Complicated Vesical Fistule.

Dr. CRANNY relates, in the *Dublin Journal of Medical Science*, the case of M. H., aged thirty-six, who had been admitted to the Rotunda Hospital, suffering from great incontinence of urine, which, on examination, was found to be in consequence of complete absence of the anterior wall of the vagina, and, of course, posterior of the urethra, from sloughing, the result of tedious labor in her last (the ninth) confinement. In fact there was not a particle of urethra left but a thin ring, the thickness of a piece of whip-cord, at the meatus urinarius. She was in such a deplorable condition that the only position she could remain in at all with ease was standing, resting on a table or chair, with her legs apart, and thus allowing the urine as it was secreted to drop on the floor.

Considering her pitiable state, and that an operation, even though it failed, would not render her condition worse, the whole vulva was closed up by means of wire sutures, by Dr. Johnston, as far as the clitoris, much in the same manner as Dr. Kidd had so clearly described, leaving an opening sufficient to allow a No. 11 catheter to pass. The parts healed completely, and when the cicatrix was sufficiently hardened, a species of truss compressing the urethra which had thus been formed was tried, in order to act as an artificial sphincter. This not succeeding to our satisfaction, an elastic band with a cork pad was applied, which seemed to answer better; but being anxious to return to the country, she left before we could perfect the instrument, not, however, before, as she said herself, she was, comparatively speaking, in the greatest comfort, being able to lie in bed, even without the instrument, quite dry, and by keeping a napkin tightly applied to the urethra in the daytime she could sit and walk about with but little escape of water.

Carbolic Acid as a Substitute for Quinine.

Assistant Surgeon McNanney, in the *Madras Medical Journal*, January 1, 1873, warmly recommends the use of carbolic acid to replace quinine in the treatment of intermittent fevers. He gives a tabular view of his cases, which he summarizes thus:—

"I administered it in seventy-six cases of fever of different types, with most marked success, and in no single instance with bad results; but, owing to the great amount of work consequent upon the epidemic, it was impossible to enter every case that occurred fully in the journal, though brief statements were made of each, and the results corresponded with those now recorded. I gave it in doses ranging from five to twenty minims, and in those cases where I observed a tendency to relapse I at once increased the dose. It was administered in bitter infusions of either gentian, calumba, or chiretta, three times a day.

"The carbolic acid I employed was Calvert's No. 1 for internal use.

"Having now had ample opportunity of judging of the effects of this remedy, and finding its success to have exceeded my expectations, I trust that the information I have given will be sufficient to induce others to adopt it in similar cases.

"I have little doubt that the ease with which it can be procured, and the small amount of trouble entailed in its administration, added to its trifling cost, and the immense saving to Government that would ensue from its being largely substituted for quinine, will recommend it as a valuable febrile remedy; and I do not think that a careful trial of it will fail to prove satisfactory."

The same subject was touched upon by M. Déclat, at a meeting of the Academy of Medicine, in December, 1872. He stated that, in cases of intermittent fever, he makes, on the first day of treatment, four subcutaneous injections of 100 drops of a one per cent. solution of carbolic acid; the next day three; the third day two. The first operation, says the author, always diminishes the fever, and sometimes cures it; the second is sometimes a work of precaution; and the third is so almost always.

Causes of Spontaneous Ignition.

In some letters to the London *Times* Dr. Attfield points out that the animal and vegetable oils differ from mineral oils in relation to combustion, by not catching fire at low temperatures, and in not affording vapor that gives with certain proportions of air a mixture which explodes on the approach of flame. But they possess one property of danger from which mineral oils are free, namely, that of being liable to spontaneous ignition when freely exposed to air on the surface of a quantity of wool, cloth, paper, cotton, jute, sawdust, lampblack, ivory-black, ground charcoal, or any similar highly porous substance.

The process of drying which these oils undergo is not similar to the drying of a wet cloth, where the water simply evaporates, nor to the drying of a varnish, in which case it is the spirit that gradually passes into vapor. The drying of oils, on the contrary, is more analogous to the process of combustion, as it is an absorption of oxygen from the atmosphere, the result being the formation of a solid resin. This absorption of oxygen is accompanied with an elevation of temperature, in some cases very considerable. "As a result of direct experiment," Dr. Attfield writes, "I find that paper, cotton, or wool, slightly impregnated with different kinds of oil and exposed to air

under similar conditions, rises in temperature from 25 to 200 degrees, according to the variety of oil, the amount of surface in contact with the air, and the duration of exposure." These experiments undoubtedly support the author's conclusion, that in cases where heaps of oiled fabrics are left to oxidize, spontaneous combustion may, and sometimes does, occur.

Treatment of Fecal Accumulations.

The *Allgemeine Wiener Med. Zeitung*, of April, 1, 1873 contains a paper on fecal accumulations, by Dr. NAGEL, strongly recommending the use of gelatine suppositories when the rectum and sigmoid flexure of the colon are crammed with hardened masses.

He justly observes that the lower down in the bowel these accumulations descend, the harder and more bullet-like, and more decomposed they become. They lose their plasticity, or in other words, their power of adapting themselves to the cylindrical shape of the bowel. They also become heavier, and sink downwards into the hollow of the ileum; they increase or even obliterate the normal roman S-like curve of the colon, elongate the rectum, extend behind the bladder, lie across the uterus, and push the bladder toward the left side. This is particularly the case in aged persons. Hence, perhaps, the surgical reason for making the incision on the left side in lithotomy, because it is easier in this way to reach the bladder, and to avoid wounding the rectum.

These fecal accumulations may be induced by enlargement or retroversion and retroflexion of the uterus, or through the bladder being only partially emptied of its contents, or by hypertrophy of the prostate, or through the calibre of the rectum being diminished by internal hæmorrhoids; defective innervation, atony, and want of due reflex irritability of the bowel, with thinning and atrophy of its muscular coat, may also set up coprostasis. These conditions are common in apoplectic and paraplegic cases. The indications for treatment must, therefore, be to macerate and soften the fecal masses, since they constitute fresh hindrances to a due action of the bowels, giving rise to stretching and paralysis of their muscular coat, and cause flatulence, prolapse of the rectum, involuntary emission of semen and urine, hernia, with venous congestion, and other similar inconveniences. After discussing various objections to eccoprotics, drastic purgatives, enemata of various kinds, and even to suppositories of cacao butter, Dr. Nagel states that suppositories of brown gelatine have been found by him to be of the greatest service in cases of obstinate coprostasis.

He finds that when these suppositories have been first soaked for twelve hours in cold water, so as to be moderately swollen and soft on their exterior, and are then pushed as far as possible into the rectum, they gradually break up and soften the hard, bullet-like masses; and make them so soft and slippery that, when the patient's diet and regimen are carefully regulated, we may confidently expect a copious natural evacuation of pultaceous consistence in the course of little more than twenty-four hours. The explanation of their *modus operandi* is to be sought in the hygroscopic property of the gelatine. The suppositories should be introduced in the morning. Old nurses occasionally employ for the same purpose pieces of glue, first soaked in cold water, and isinglass, with great success, in cases of obstinate constipation in young children.

Amussat's Operation.

We see from a report of the Royal Medical and Chirurgical Society, that Mr. Heath performed colotomy on a woman who had been for many months under treatment for a chronic syphilitic stricture of the rectum, rather high up, and attended with extensive ulceration. An O'Beirne's tube was first passed through the stricture, and an enema injected, to assist in distending the gut. Mr. Heath then made the usual incision, about four inches long, parallel to and a little above the crest of the ilium. The transversalis fascia, when reached, was divided on a director, and the fold of peritoneum behind the colon separated with the handle of the scalpel. A knuckle of gut was then pulled forward, and a couple of threads passed through it, and through the lips of the wound. The bowel was then opened, the thread inside it cut, and the cut edges of the colon securely attached to the skin by the four sutures thus formed. The rest of the incision was then closed, and the whole covered with a thick layer of picked oakum. Mr. Heath observed, before the operation, that as the obstruction was not complete, he did not expect to find the bowel much distended. There was considerable narrowing of the rectum, and prolonged treatment, with bougies, etc., had not effected any lasting benefit. The chief trouble of the patient was, however, due to the great pain, and the large amount of discharge caused by the constant irritation of the ulcerated surface by the passage of the fæces over it. After the operation, he called attention to a point which is mentioned in Mr. Bryant's *Surgery*. After dividing the transversalis fascia, a yellowish band is seen through the peritoneum: this is the fat on the colon; if one cut down upon this, the peritoneum is opened, and the front of the gut is reached; it is necessary to seek behind it for the fold of the peritoneum, and this having been separated further if necessary, the bowel can at once be opened. In all the cases the arteries were closed by torsion, and, with the exception of the colotomy, Mr. De Morgan's chloride of zinc solution was freely applied before closing the wound. The picked oakum is largely used at this hospital as a dressing for suppurating wounds; it is very warm and comfortable, and effectually conceals the purulent odor.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received:—

The Triennial Catalogue of the University of Michigan, and the Calendar of the same Institution.

Annual Announcement of the Medical Departments of the Universities of Nashville and of Buffalo, for 1873.

BOOK NOTICES.

Fairmount Park. 8vo, pp. 162. Paper, 75 cts. Cloth, $1.25. Philadelphia: Claxton, Remsen & Haffelfinger, 1872.

This is a pretty, and prettily illustrated description of the Park, entertaining to the reader, instructive to the visitor, and a pleasant souvenir to the traveler.

An Introduction to the Study of Clinical Medicine: being a Guide to the Investigation of Disease. For the use of Students. By Octavius Sturges, M. D., Cantab., etc. Philadelphia: H. C. Lea. 1 vol., 12mo, pp. 127. Price $1.25.

The author proposes to himself to set forth a method of investigating patients at the bedside, so that no useful trait of disease will be overlooked in forming a diagnosis. It is not intended to tell the observer the meaning of the symptoms thus revealed; these he is supposed to be familiar with; still less to enter into any discussion of treatment. The object is to teach how to form a diagnosis, by obtaining and properly grouping the aspects of disease. As the author well remarks, in these days of instruments and mechanical apparatus, physicians are very apt to under-estimate the large amount of information which can be obtained by a simple study of diseases on a definite plan, without extraneous assistance.

In some respects his plan is too burdensome, and hence impracticable. It is not suited to be a guide which we can implicitly follow. But well understood, and then applied as circumstances permit and cases suggest, it is as good as any we have seen. We suspect there is a tendency just now to lay too much stress on diagnosis, to the disadvantage of treatment, and to count too highly the value of the numerous instrumental means which of late have been devised for the purpose. The author before us cannot, however, be blamed for this. He closes his work with the significant remark: "The process by which a rational diagnosis is reached is so gradual and laborious, and the treatment founded on it so liable to error, that it is impossible with candor to represent either as the achievement of a superior intelligence."

Pharmaceutical Lexicon: A Dictionary of Pharmaceutical Science, containing a Concise Explanation of the various terms of Pharmacy, with appropriate Selections from the Collateral Sciences. Designed as a Guide for the Pharmaceutist, Druggist, Physician, etc. By M. V. Sweringen. 1 vol., pp. 576. Philadelphia: Lindsay & Blakiston, 1873. By subscription only. Price, cloth, $6.00; sheep, $7.00.

This is the first attempt in the language, so far as we are aware, to compose a work of the kind, and, considering the inherent difficulties in lexicon making under any circumstances, the author has done his task remarkably well. Many of the descriptions are brief, some to the extent of being imperfect, but there are singularly few omissions of technical terms, considering the rapid increase in these in late years.

What we most find fault with the author about is, that he so poorly appreciates the literary character of lexicographical works. Not only does he omit all reference to the history or derivation of terms, but goes out of his way, in the preface, to call such inquiries useless and leading to misunderstanding! Nor does he attempt to give the accents, pronunciation, or various orthographies of these many strange terms. Such a lack of qualities essential to a lexicographer, such a misconception of the spirit of his enterprise, cannot but hurt him in the best quarters.

The Second Part of the work contains selected prescriptions, doses, a list of diseases (imperfect and scanty), poisons and antidotes, weights and measures, tables of saturation and boiling points, atomic weights, a dietary for invalids, the atomic theory in chemistry, instructions for the preservation of dead bodies, quotations from the U. S. Dispensatory, and other matter, most of which has no concern with a dictionary, is easily found in text books, and might as well have been left out, as it is little else than padding.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 26, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE REGISTRATION OF DISEASES.

This subject, which we have urged several times upon the notice of the profession, ought not to be lost sight of by those associations which are engaged in looking after the public health and the general improvement of medical science. The Boards of Health ought to obtain from each physician in their respective districts the number of cases of each variety of disease he has had during the week or month previous. Blanks should be furnished, by which such registration would be uniform, and easily made and reduced. Not merely contagious diseases, but those of all varieties, should be included, and as soon as practicable such registration should extend to country districts.

The British Medical Association have been urging the importance of such a registration on Parliament, and it is believed will secure its benefits before long. The petition they have sent in represents: 1. That under the Public Health Act medical officers of health are to be appointed to every sanitary district of England. 2. That it is of great importance that these officers should obtain regular and frequent registration of all cases of disease coming under treatment at all public institutions in their districts. 3. That these returns are needed to give speedy, regular, and definite information as to the public health, to the officers of health themselves, to the local government board, and to the public. 4. That they would give plain and timely warning of the rise and progress of the various epidemics of fevers, diphtheria, cholera, etc., so that preventive measures might be applied at their outset, when alone they are likely to be effective. Death returns being neither sufficiently prompt in their warning for this purpose, nor giving necessarily either the time or place of origin of these disorders. 5. That these returns would afford a means of estimating the burden of sickness borne by a community, in its full weight of money loss, in the suffering and grief it entails, as well as in the mortality arising from it. 6. That they would guide the sanitary authorities as to the need of dealing with non-fatal diseases arising from local causes. 7. That they would show the amount of disease arising from social vices and evil habits of life (*e. g.* scrofula and syphilis). 8. That they would afford a test of the fitness of the various institutions for the reception of the sick and poor. 9. That they would constitute a valuable series of medical statistics from which conclusions might be drawn respecting the causes of disease, the laws of epidemics, the relations of disease to atmospheric changes, and to seasons of plenty or scarcity, and many other questions of medical science. 10. That they would probably show the influence of trade and manufactures, and of any other circumstances peculiar to a district, and would afford a means of comparing the relative healthiness of different districts, and would thus serve to direct sanitary and benevolent exertions.

No one can fail to see the force of these arguments, and they are just as valid in this country as in England. There are many diseases which hardly ever appear on mortality returns, and yet which are of the utmost moment in judging of the sanitary

condition of a locality (*e. g.*, intermittent fever). Such diseases cause much suffering and loss to the commonwealth, and yet little is done to stay them, because there is little public evidence of their presence and injurious effects.

The medical statistics of the U. S. Army have their peculiar value to American practitioners because they are the only reliable and general exhibit of the frequency of non-fatal diseases in different parts of our country. And they are far less useful than an equal number of equally accurate returns from civil life, because they have nothing to do with any part of the population except adult males living under the exceptional circumstances of a military life.

We urge the many professional men of this country to take some united action in this matter, and thus aid in a most serviceable and much needed advance in sanitary operations.

Notes and Comments.

Another Medical College Endowed.

Mr. James Johnson, one of the oldest residents of Indianapolis, Indiana, has endowed a medical college to be attached to the Northwestern Christian University, with half a million dollars and a site for its location. It is intended to spend $300,000 in buildings and beautifying the grounds, and to invest the remainder.

Fatal Result of a Druggist's Mistake.

Dr. Geo. McRoberts, a respectable physician of Stanford, Boyle Co., Kentucky, is reported to have lost his life recently in the following singular manner:—

Not feeling well after riding all night, visiting patients, he went early Wednesday morning, July 9th, to a drug store in that village and took a dose from a bottle marked 'quinine' standing on a shelf. He then went to his brother's house to breakfast, but was taken violently sick on arriving at the house. He asked for an emetic, and shortly after taking it he died. The physician who was with him thought he died of neuralgia of the heart, as he was in delicate health. The next day, while the funeral was passing out of town, William Embry, a boy of about eight years of age, died suddenly, after taking some quinine out of the bottle from which Dr. McRoberts procured his dose. This was the last bottle of quinine remaining in the store. The death of young Embry excited the suspicions of the friends of Dr. McRoberts as to the cause of his death. Mr. Oliver McRoberts sent to Louisville, by Drs. Bailey and Payton, the bottle and one of the powders given to Embry, that the drug may be analyzed by some chemist of that city. Quinine and strychnia resemble each other in appearance and taste, and it is thought that the latter drug was put into the quinine bottle by mistake for the former by the druggist who sold the bottle. Dr. McRoberts was a bachelor about forty years of age. He had a large number of friends in and about Stanford, where he has been practicing for twenty years.

If the theory of the substitution of strychnia in a quinia bottle by the wholesale druggist is correct, the question arises whether other deaths will not be reported from different sections of the country from the same cause.

Provision for the Middle Class Insane.

We have before adverted to the fact that Holloway, of London, the patent pill and ointment man, is devoting a portion of his ill-gotten gains to a good purpose, one of the best that can be devised. He decided a year ago to erect at his own cost, at an outlay of nearly £100,000, a building at Virginia Water, for the reception of middle class lunatics, where, at a moderate cost, the relatives of poor middle class people could be received and cared for. The building, of great architectural beauty, is in course of erection. It has now transpired that Mr. Holloway has decided to erect two or more hospitals in the vicinity of London, one for the reception of incurables, a class in our midst peculiarly claiming the attention of the philanthropist; another for the reception of convalescents who want bracing after long suffering before renewing their struggles in the world. The estimated cost of sites and buildings is put at £250,000. Mr. Holloway does not propose to endow the hospitals. He will erect and present the hospitals, but will leave to the philanthropic of this and future generations the duty of maintaining them. Mr. Holloway has recently had an interview with Mr. and Mrs.

Gladstone, at which he explained his intentions. Mr. Holloway desires to secure the best of advice as to locality, the number of possible recipients, the best form of building, and requisites toward making them at once, architecturally, the most ornamental, and internally the most perfect in the kingdom. With this view letters have been addressed to medical and other authorities, inviting a full expression of opinion.

Action of Ergot.

About this much discussed subject there is a paper in the *Proceedings of the Dublin Obstetrical Society* by Dr. DENHAM. He concludes:—

Ergot produces only nausea and loss of appetite when given during pregnancy at any other than the full period; it does not produce an injurious effect on the fœtus in utero; when abortion has commenced ergot hastens and assists it. In the second stage of labor it is often beneficial; but if the labor be not soon completed it is very dangerous to the child by mechanically obstructing the circulation, and by the powerful and continuous contraction exerted on the child.

The Results of Extirpation of the Ovaries.

A writer in the *Montpellier Medicale* sums up the observed results of ovarian extirpation. He says that the genital organs remain excitable, the breasts are not atrophied, no tendency to excessive corpulence, no alteration in the growth of hair, no modification of the voice, the character becomes gentle, the catamenia never reappear. If this is all correct it would say much in favor of our new American operation, "Normal Ovariotomy," and indeed if the change to gentleness of character is well marked, it may prove a handy method of taming a shrew.

CORRESPONDENCE.

Ergot in Threatened Abortion.

EDS. MED. AND SURG. REPORTER:—

I notice in the REPORTER for May 31st, 1873, a communication from Dr. Hiram Corson, "On the use of Opium in Labor, and as a preventive of Abortion," in which he asks the question, "would we dare ply a woman with ergot, when pregnant and threatened with abortion?" and answers, "certainly not." My answer would be "*I would*," and to sustain this assertion I will give three cases out of several which have occurred in my practice of the past eight years. These are the only ones I can call to mind, as I have kept no record of them. I used the ergot in two of these cases without any other remedy, except to enjoin rest in a horizontal position, with cool, acidulated drinks.

I have every confidence in the hæmostatic powers of ergot in these cases of threatened abortion.

Case 1. August, 1865. I was called to see Mrs. C., in her fourth month of second pregnancy. She had all the symptoms of threatened abortion; pain in the back and loins and lower part of abdomen, resembling labor pains, with considerable hemorrhage. I prescribed the usual remedies, mineral and vegetable astringents, opium, the mineral acids, rest in horizontal position, etc. The hemorrhage continued for several days, in spite of these remedies. I decided, finally, that she must abort, and that to empty the uterus was the speediest plan to check the hemorrhage. I accordingly prescribed fld. ext. ergot in teaspoonful doses at short intervals, with a view to bring about contraction and expel the contents of the womb; but in this I was disappointed, for, to my surprise, the ergot put an immediate check to the hemorrhage; the woman was up in a short time and carried her child to term, and was delivered of a fine female fœtus, which is still living and is robust and healthy.

Case 2. March 15th, 1872. Mrs. B., aged 46, mother of seven children, was taken suddenly with profuse hemorrhage, severe pains in back and abdomen. I saw her within a few hours after she was taken. Found her flooding profusely, pulse weak, skin cool, perspiring freely, thirst great, nausea and vomiting, occasionally with a disposition to faint on attempting to rise from bed. She denied being pregnant, but stated that she had not menstruated for three months. Presuming that her climacteric had something to do with the attack, and believing that if pregnancy did exist she would certainly abort, I prescribed two ounces wine ergot, to be given in dessert-spoonful-doses every three hours. By mistake her husband gave her the whole quantity, two ounces, in three hours. This put a stop to the hemorrhage at once; she reacted, got up in a few days, and on the 9th of September I delivered her of a nine-pound female child, after a perfectly natural labor of about twelve hours. She was very positive in her belief that her labor was premature, and that it was only a six months' child, until after her delivery. I must confess I was surprised myself, for I was not prepared to see a well developed child, knowing her condition just six months before.

Case 3. May 4th, 1872. Mrs. W., in her fourth month of seventh pregnancy, after taking more than her usual exercise, was attacked with hemorrhage, at first slight, but gradually increased until it became alarming, and I was called to see her. She was

attacked in the morning, and I saw her in the afternoon. Complained of her back and hips; dull, heavy feeling in lower part of abdomen; hemorrhage quite free. Prescribed fld. ext. ergot in drachm doses every two hours; perfect quietude, and rest in horizontal position. Left her, with instructions to be called immediately if the flooding became more profuse. I heard nothing from her for several days. At the end of a week I was passing her residence, called to see her, and found her up, attending to her household duties. She stated that after taking three or four doses of the ergot she got entire relief from hemorrhage and pain, which had not returned. This woman went to term, and on the 25th of October I delivered her of a full grown, well developed child; labor of about five hours' duration.

In conclusion, I can only reiterate my assertion, that I would not hesitate to ply a woman with ergot when pregnant and threatened with abortion.

Very Respectfully,
S. B. FLOWERS, M. D.

Mt. Olive, N. C., June 4th, 1873.

The Cholera in Kentucky.

EDS. MED. AND SURG. REPORTER:—

Cholera made its appearance here about ten days ago. It has been at Nashville, Tenn., three weeks, and in a more virulent form than on any former visitation. The death-rate there has been fearful. Many physicians deny that it is cholera; men, too, of learning and experience. Others, disposed perhaps to compromise, have proposed to designate it by the term "American cholera." Whether Asiatic or American it is a fearful malady. It made its appearance in New Orleans about May 15th, and quickly ascended the Mississippi to Memphis, Tenn., thence to Nashville, thence north twenty-six miles by rail to Gallatin, Tenn., and further north same distance by rail to this place.

A carpenter at work in Gallatin contracted cholera, came home here, and was treated by Dr. Forline. The Dr. pronounced it the same disease afflicting Nashville, but differing in some respects from Asiatic cholera as it appeared in 1866. The case proved to be a mild one, but the Dr. was stricken with the same and came very near dying. Dr. G. W. Duncan and myself treated him, and regard it cholera. A number of persons were attacked very soon afterwards, several of whom have died. A peculiar feature is the discharges are all colored, having the appearance of serum, and in milder cases mixed with bile. There is no very extravagant cramping. Death succeeds collapse, which seems to come on in most cases from the easy but copious dejections and nausea.

Treatment.—

R. Opium, grs. ss.
Calomel, grs. ij. M.

Ft. Given every hour or two until four or five grs. of the opium have been taken, with sinapisms on stomach and wide flannel binding tight around the abdomen, over a camphor application, seems to relieve a large majority of persons (adults). Relieve thirst by giving mush-ice and a small quantity of cistern water. Confine the patient to the horizontal position, have him restrain the action of the bowels by the will, if possible, and help, when necessary, with injections of sug. lead, grs. xij, dissolved in four ounces of starch water, and finally a compress to the orifice of the rectum if necessary.

The disease yields pretty well to treatment, but I suppose it is not in its worst form here. Our village is clean, ordinarily healthy, never having had a case of cholera before, and the dwellings not crowded; having, too, good water and shade.

The disease is going north. It is raging at several stations on this railroad, between here and Louisville, and we believe, from present indications, it will be epidemic in that city in a few days.

Respectfully,
CHAS. H. EDWARDS, M. D.

Franklin, Ky., June 26th, 1873.

Hæmorrhagia Umbilicaris.

EDS. MED. AND SURG. REPORTER:—

In consideration of the rare occurrence of this disease, its undefined pathology, and great fatality, it is deemed proper to report the following case.

Eunice D., was born on the night of Jan. 3d, 1872, after a natural and easy labor. Her mother is a lady of nervous temperament, and of a bilious cachexia, and at confinement was in her usual health.

The father's health has been for several years impaired by the occasional recurrence of epileptoid paroxysms.

The child presented the appearance of perfect development, with marked paniculus adiposus. The cord seemed lacerable, and was of rather diminutive size.

There was no symptom of jaundice, nor was there any positive indication of existing "hemorrhagic diathesis."

Moderate bleeding having occurred on the night of the 4th instant, the cord was again ligated, by direction of the attending accoucheur, and touched with argent. nitrat. fusa. The hemorrhage not being controlled by these means, various domestic applications were then made without avail.

Severe hemorrhage began on the night of the 5th instant, rapid oozing from the base of the cord having continued three hours previously to my arrival. At this period the body of the patient was bathed and her clothing saturated with blood, the fatal drainage being apparently accelerated by her constant crying.

Treatment was begun by the application of "Monsel's per sulphas ferri (powder)," in saturated aqueous solution, by means of lint, about the base of the cord. This application was repeated at short intervals,

with the result of suppressing the hemorrhage at the expiration of an hour.

No blood escaped after the second application of this agent. The cord sloughed on the night of the 6th instant, leaving a cicatrix of healthy appearance.

The child has since continued prosperous, and at this date (June 1873) enjoys robust health.

According to Dr. Francis Minot, the recoveries from this disease amount to 15.2 per cent. in an enumeration of 46 cases in 1852.* In the collection of two hundred and twenty cases, by Dr. Ludwig Grandidier, in 1871,† the recoveries amounted to seventeen per cent.

B. F. Lamb, A. M. M. D.

Belvidere, N. C.

The Jefferson Professorship.

Eds. Med. and Surg. Reporter:—

Dear Sirs:—We have all been looking anxiously on the contest for the vacant chair of anatomy in the Jefferson Medical College, and now that everybody is disappointed, and our two leading medical journals have had their cat-like spat at each other, would it not be better for all to give up their efforts for their immediate friends good naturedly, and look abroad outside of this metropolis of the medical sciences, to see if we cannot find some one suitable for the situation; in obtaining such a one we might conduct a stream of influence that would help still more to keep up our glorious institution.

Why is it our institution has been the resort of the men of the South? Undoubtedly because of our celebrated professors from that clime. Now won't our trustees investigate the kind of men we have outside of our circle in Philadelphia? Go to the East, New York, Yale, Boston, and go to the South. Are there no more Meigs, or Dunglisons, or Dicksons, or, last but not least, Grosses? Or go to the West, or to the North, or to the remotest part of our world, if needs be, and get the man that will help make the College, and not wait for the College to make the man.

Very Respectfully,

Alumnus.

News and Miscellany.

A U. S. Detective after Scurvy "Doctors."

Dr. E. J. Reynolds, alias Dr. Lispanard, and Dr. Paul Davis, of Rochester, who were arrested the 18th of June, by Mr. Anthony Comstock, for sending obscene articles through the United States mails, were examined before United States Commissioner Gilbert, and each was held in $5000 bail to appear at the next term of court. Dr. A. C. Goff, alias C. S. Goff & Co., and Dr. O. B. Reeves, both of Syracuse, and who were arrested on the 19th of June, were also examined before United States Commissioner Ruger, on a similar charge, and held in bail in $3000 each. Mr. Comstock also arrested Dr. Orson B. Cobbs, Health Officer of West Troy (!), alias Mme. L. Colton, who was held to answer in the sum of $5000 by United States Commissioner Sylvester, of Troy. M. W. Macomber, of Albany, was also arrested recently, and held in $5000 bail by United States Commissioner Frothingham, of Albany. A large seizure of pills, medicines, books, circulars, etc., was made on the premises of a man named Seth H. Hunsdon, of Albany, who went under a number of fictitious names.

* *Amer. Journal Med. Science*, 1852

† *Die Freiwilligen Nabelblutungen der Neugeborenen*, 1871.

Was it Spontaneous Combustion?

They report a queer case of spontaneous combustion from New Hampshire. A physician had prescribed linseed oil and camphor for a severe pain in the chest, and the patient complained of the heat soon after its application on cotton batting. In about an hour he protested he could bear it no longer, and before it could be removed it took fire, actually blazing up and burning the poor fellow's neck severely.

—Dr. Albert A. Morrison, a prominent citizen of Windsor, Conn., while trying to drive his cows from the track in Windsor, July 18th, to save them from an approaching train, was himself struck by the engine, thrown against a pile of railroad ties, and instantly killed. He was about fifty years old.

Marriages.

Graham—Ritchie.—On the 11th inst., at the residence of the bride's parents, by the Rev. William Greenough, John Graham, M. D., and Miss Emily H. Ritchie, both of this city.

McClellan—Hare.—On the 25th of June, 1873, by the Rev. Mr. Menge, at the Church of the British Consulate, city of Milan, Italy, George McClellan, M. D., and Harriet, youngest daughter of Robert H. Hare, Esq., all of this city.

Deaths.

Butler.—In New York, July 17th, 1873, William Lawrence, infant child of Dr. George H. and Henrietta L. Butler.

Clinton.—July 15th, Adeline Arden, wife of Alexander Clinton, M. D., and daughter of the late Alexander James Hamilton, Esq.

Cooper.—In Camden, N. J., on the 11th inst., Alice M., wife of Howard M. Cooper, and daughter of Dr. Benjamin R. Mears.

Devron.—In New Orleans, July 3d, 1873, Mary Eugenie Devron, only child of Dr. Gustavus Devron and Catherine A. Fitzgerald, aged 3 years and 1 month.

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At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has *equal* tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

The cut below gives the size of the ounce phial, and the form of putting up.

Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine. — J. M. ALDRICH, M. D. *Fall River, Mass.*

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.— J. H. FREY, M. D., *Perry, Iowa.*

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely — SAMUEL W. COONS, M. D., *Madison, Ia.*

I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail. —J. C. DOWNING, M. D. *Wapping Falls, New York.*

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.— S. A. BUTTERFIELD, M. D., *Indianapolis, Ind.*

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M. D., *Lincoln, Ill.*

I have used an ounce of Cincho-Quinine in some obstinate cases of intermittent neuralgia and ague, and am happy to state that it has thus far sustained in full the anticipation raised by what you have claimed for it. Dr. S. S. Cutter, of this city, has an extensive general practice, and he informed me a few days ago that the Cincho-Quinine was giving satisfaction —J. H. BEECH, *Coldwater, Mich.*

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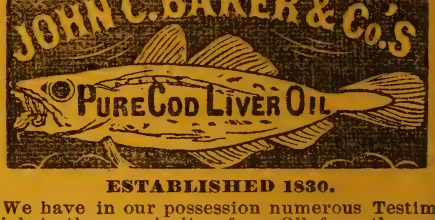

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THE

MEDICAL AND SURGICAL REPORTER.

No. 857.] PHILADELPHIA, AUGUST 2, 1873. [Vol. XXIX.—No. 5.

Original Department.

Communications.

PHOSPHATE OF IRON AND ITS COMBINATIONS.

BY CHARLES GEISSE POLK, M. D.

Of Philadelphia.

Iron has long deservedly held a very high place in the list of tonics. At least one hundred different combinations have been proposed, and more than one-third of that number are now incorporated into the different pharmacopœias. These are divided into two chemical classes, the proto-salts and the sesqui-salts, designated ferrous and ferric salts, the former being universally esteemed as the more powerful remedial agents, the latter as the more easily managed pharmaceutical products. Of the former the proto-carbonate, the iron reduced by hydrogen; the proto-sulphate, the proto-citrate, and the proto-phosphate are especially esteemed. Of the latter, the chloric tincture, the ammonio-citrate, the pyrophosphate, and alkaline tartrates receive high consideration. Notwithstanding the numerous objections very justly urged against the tincture of the ferric chloride it is, and probably ever will be, the most valued and most extensively used of the preparations of iron. The preparation I especially desire to consider in this paper, the phosphate of iron, although by no means a modern one, is scarcely ever used in its officinal form. Uncombined it has never gained much favor. The preparation is, however, a good one, and is capable of being combined so as to form some excellent chalybeate pills. The following formulas are very popular ones with me:—

℞. Ferri phosphatis, ℥j.
Quiniæ sulph., ℥ss.
Ext. ignatiæ amaræ, gtt.vj. M.

Divide in pills No. xxx. Take one three times a day.

℞. Ferri phosphatis, ℈ij.
Quiniæ sulph., ℈j.
Ex. belladonnæ alcoholic, grs.v.
Ex. aconite, alcoholic, grs.iij.
Ex. cannabis indicæ, grs.x. M.

Divide in pills No. xx. One pill three times a day.

℞. Ferri phosphatis, ℈ij.
Quiniæ sulph, ℈j.
Acid arsenosi, grs.j.
Morphiæ sulph., grs j. M.

Divide in pill No. xx.

But, however valuable a pilular form of iron may be, it is not that which will hold the popularity of a solution, either in the form of a syrup, tincture, or elixir. Even the iron reduced by hydrogen, which is unquestionably the best restorer of iron to the blood, is comparatively little used. The proto-carbonate still holds the preference of the gray-headed members of the fraternity, while the soluble scaled salts with ammonium-citrate are preferred by the younger members of the profession; the choice is between the citrate and pyrophosphate, with perhaps a predominating preference for the latter. The bibasic phosphate constitutes the iron ingredient in nearly all the proprietary elixirs, sold under the names of Elixir Phosphate of Iron, Quinia, and Strychnia; Elixir of Calisaya ferrated, and Elixir of Gentian; the tribasic phosphate

being ill-adapted for the purpose, and a solution in an alcoholic menstruum being very unstable.

The theory, or rather theories, upon which the phosphates and hypophosphites have grown into the esteem of the medical world may thus be briefly stated: Phosphorus, as is well known, is an important element in the brain and nervous system, the expression, "thoughts that burn," being a physiological fact as well as a poetic figure. Dr. Churchill, an American physician practicing in the capital of France, conceived the idea that phthisis pulmonalis emanated from a deficiency of phosphorus in the system. This deficiency he proposed to remedy by introducing phosphorus into the system by means of hypophosphorous acid in the salts of lime and soda. The idea was fascinating, and infatuated a very large portion of the profession. They dreamed that the hitherto relentless upas of human existence was at length mastered, that no longer was its touch withering and its impress death, but that under the life-giving power of the hypophosphites the hectic flush would depart, the cough cease, the emaciated frame resume its former proportions, and as the cause upon which these accrued was removed, health and strength would be restored, and science would, indeed, be triumphant over the foe which heretofore had baffled human skill, and annually consigned to the grave the beautiful and lovely of earth. This beautiful dream, however, proved delusive; consumption still continued its ravages, and the hypophosphites were found to be less efficient than cod-liver oil, yet capable of greatly enhancing the curative power of the latter. But if the hypophosphites did not confirm those high hopes and lofty expectations, they proved to be a powerful remedial combination, capable of giving beneficial results in wasting diseases hitherto unattained by any known agent. They yet retain the esteem of very many intelligent physicians, although, I believe, the present estimate of them is below their intrinsic value. The formulas for their preparation having been published in Parrish's Pharmacy, and as I presume every physician and pharmacist has a copy of this indispensable book, it is unnecessary to copy them here. A preparation I have long esteemed, containing two grains of the hypophosphite of iron, one grain of the hypophosphite of quinia, and one-forty-eighth of a grain of the hypophosphite of strychnia in each drachm, I make thus:—

℞. Ferri. hypophosph.,	grs.192.
Quiniæ (alkaloid fresh),	grs.96.
Strychniæ,	grs.ij.
Acid hypophosph.,	grs.j.
Syrupi, q. s.,	℥xij.

Take the freshly precipitated hypophosphite of iron, the freshly precipitated quinia, and the strychnia, and add sufficient hypophosphorous acid to form a solution; mix it with sufficient syrup to measure twelve ounces; bottle and carefully cork. This preparation is a very valuable tonic, and seems to me to be more important than any other combination of the hypophosphites. Mixed with equal parts of the syrup of soda and lime hypophosphites, its value seems to be greatly enhanced. Sometimes combined in equal proportions with the syrup of the hypophosphite of manganese it proves a powerful restorer of lost strength and vigor.

This formula has proved sometimes very satisfactory:—

℞. Ferri hypophosph.,	℈ij.
Manganesii hypophosph.,	℈i.
Quiniæ,	℈i.

Divide into twenty pills. Take one pill three times a day.

During the summer of 1857 I devoted especial attention to the study of tuberculosis, and having imbibed the doctrines of Dr. Paine, of the University of New York, directed my attention to the brain and nervous system, with especial regard to their influence over the respiratory system. Analyses of twenty autopsies of the victims of phthisis gave evidence of a marked diminution of the amount of phosphorus in the brain and nervous system, with apparent atrophy of the cerebellum, medulla oblongata, and pneumogastric nerves.

I also found that the excretion of the phosphates was very large during the progress of phthisis, and that whatever arrested the progress of the disease also diminished the quantity of these in the urine. I inferred from this that the pathological lesion consisted in some aberration, not of the phosphorus assimilating, but of the phosphatic eliminating function, and intimately connected with the functions of the pneumogastric nerve, spinal accessory, phrenic and hypoglossal nerves. I became convinced that the seat of the disease was in the medulla oblongata; that through the pneumogastric nerve was transmitted, as by a

telegraph wire, the morbid impression by which the digestive and assimilating function became impaired, and the tubercle originated in the lungs. It also appeared very probable that the great sympathetic was also deeply involved in this trouble, and contributed a liberal share of the fatal agency. While I regarded the diminution of phosphorus in the system in tubercular consumption as a concomitant and a coincident intimately interwoven with the origin of the disease, I have never viewed it as the disease per se; *autochthonic* in itself complete, and as to the cause sufficient, irrespective of coöperating and coördinating powers, impressions or influences. I, nevertheless, deemed it proper to resort to the use of phosphoric acid with a twofold purpose, to secure the tonic influence on the digestive powers, and the nerve stimulant effect it so promptly gives, hoping thus to reach important indications. Fifteen years' experience has justified my view. A very similar combination to one now highly esteemed was formed. Out of my speculating grew my syrup of the phosphate of iron, quinia, and strychnia, which, although not filling my early sanguine expectations, is yet highly valued by myself and a dozen or more physicians. I prepared it thus:—

℞.	Sulphate of iron,	grs.800
	Phosphate of sodium,	grs.1280.
	Sulphate of quinia,	grs.384.
	Dilute sulphuric acid,	q. s.
	Aqua ammonia,	q. s.
	Strychnia,	grs.10½.
	Syrupy phosphoric acid,	℥iij.
	Syrup sufficient to make	℥xxxij.

Dissolve the sulphate of iron in three ounces of boiling water, and the phosphate of sodium in six ounces of boiling water. Mix them and wash the precipitated phosphate of iron until the washings cease to be affected by a solution of the chloride of barium. Dissolve the quinia sulphate and the strychnia in two ounces of water by aid of dilute sulphuric acid, and precipitate the alkaloids by slowly adding ammonia water, and carefully wash them. Rub the phosphate of iron, quinia, and strychnia with four ounces of water, add the syrupy phosphoric acid and dissolve them. Then filter the solution into sufficient syrup to make thirty-two fluid ounces. In the formula published in the *Druggists' Circular* it is directed that the syrupy phosphoric acid be mixed in ℥xvj of distilled water, the iron, quinia and strychnia dissolved in the solution, and ℥xviij+℥ij of sugar be added.

The formula here given produces rather a finer pharmaceutical product, and seems less impressible to atmospheric exposure. The formula given in the *Druggists' Circular*, however, will produce *quite satisfactory results* and answer every purpose. Easton's formula, published originally in Aitken's Practice of Medicine, and by some erroneously called Aitken's formula, is prepared thus:—

℞.	Sulphate of iron,	℥v.
	Phosphate of soda,	℥j.
	Quinia sulphate,	grs.192.
	Dilute sulphuric acid,	sufficient.
	Aqua ammonia,	sufficient.
	Strychnia,	grs.vj.
	White sugar.	℥xiv.
	Dilute phosphoric acid,	℥xiv.

Dissolve the sulphate of iron in one ounce of boiling water, and the phosphate of soda in two ounces of boiling water. Mix them and wash the precipitated phosphate of iron until the washings are nearly tasteless. Dissolve the sulphate of quinia in two ounces of water by the aid of dilute sulphuric acid, and precipitate the quinia by aqua ammonia, and carefully wash it. Dissolve the phosphate of iron and the quinia thus obtained, as also the strychnia, in the dilute phosphoric acid; then add the sugar and dissolve the whole without heat.

This formula, the one having semi-official recognition, is somewhat defective, and precipitates the iron in a few weeks, so as to modify its therapeutical powers, and seriously impair its pharmaceutical beauty. The dilute phosphoric acid is not sufficient to dissolve the iron, quinia, strychnia, and sugar, and hold them in perfect solution; the amount of sugar is not sufficient to preserve the preparation from deterioration by age and atmospheric influences, while the preparation by the above formula of mine seems to be free from these objections.

Being desirous of forming a concentrated syrup of much greater strength than the above, so as to be more convenient for use on the tented field, I devised the following formula in 1864:—

℞.	Freshly prec. phos. of iron,	grs.600
	Quinia, freshly precipitated.	grs.96
	Strychnia,	grs.iij.
	Syrupy phosphoric acid,	ɪ ℥iv.
	Water,	14 drachms
	Syrup (very dense), q. s. ad.	f℥12

Mix the phosphate of iron, quinia, and strychnia in the syrupy phosphoric acid previously diluted with fourteen drachms of water, and dissolve them. Add sufficient syrup to measure twelve fluid ounces, and bottle with a tight-fitting stopper, so as to exclude the air entirely.

Each drachm will represent above five grains of the ferrous phosphate, one grain of the quinia, and one-thirty-second of a grain of strychnia phosphate. There is about three grains of free phosphoric acid and about ten grains in basic combination of the same. Although a good preparation for an army surgeon, it is rather too powerful for private practice. Outside of my military practice I have never used it, although it was a great favorite of mine in the army hospitals.

In compliance with the wishes of several physicians, Mr. Theodore A. Polk, of Seaford, Delaware, prepares the syrup thus:—

℞.	Freshly prec. phos. of iron,	grs.192
	Phosphate of quinia,	grs.64
	Strychnia,	grs.2
	Dilute phosphoric acid,	℥x.
	Sugar,	℥viij.
	Essent. tinct. orange,	℥iij.
	Oil of cardamon,	gtt.viij.

Dissolve the phosphates of iron, quinia, and strychnia in the dilute phosphoric acid. Rub the essential tincture of orange and oil of cardamon with the sugar. Mix all together and dissolve without heat.

Mr. Charles Bullock, of Philadelphia, has proposed a formula which may merit at least a passing notice. The articles and quantity are precisely the same as in Easton's formula. He dissolves the iron and soda in an unnecessarily large quantity of water, and thereby gets a magma rather difficult to wash. His mode of washing on paper filters has, in many hands, ever proved a very unsatisfactory and annoying process, universally attended with heavy loss. The filters are apt to tear, and portions of the magma will adhere to them. He also dissolves the iron in six ounces of the dilute phosphoric acid and the alkaloids in the remaining eight ounces of the phosphoric acid, and mixes the solutions, then filters, or rather he proposes to filter through paper, after dissolving the sugar in the solution. By this means the almost unavoidable atmospheric exposure will impair the preparation. The precipitate is generally copious, and discoloration speedily evinced. Of course I speak of my own manipulations of the formula, *which, in my hands, has proved a complete failure.*

LACTO-PHOSPHATE OF IRON AND LIME.

℞.	Freshly prec. phos. of iron,	℥iij.
	Syrupy phosphoric acid,	℥vj.
	Concentrated lactic acid,	℥ij.
	Freshly prec. phos. of lime,	℥iij.
	Syrup of orange flowers, q. s.,	℥xij.

Add the phosphate of iron to the syrupy phosphoric acid, previously diluted with two ounces of the orange flower syrup. Mix the phosphate of lime with the concentrated lactic acid, previously diluted with two ounces of orange flower syrup, and dissolve. Lastly, mix the two solutions together and add sufficient syrup to measure twelve ounces.

I believe this formula, or a similar one, is destined, at no remote day, to attain the very zenith of professional confidence. I believe it possesses rare intrinsic merit, and embodies curative powers unequaled in certain forms of debility. In convalescence from acute diseases it promises much. Phosphate of lime is well known to be an important element in the human organism, a real essential in the phenomenon of life. Experiments made of depriving animals of it, by removing it from their food, have been attended with rapid prostration and exhaustion, while the restoration to the food restored them to their former condition. The waste of the phosphate of lime is very great during fevers and inflammations, and the depleted organism demands its restoration. True nearly every article of food contains it in a greater or less degree, yet the stomach is weak, the digestive and assimilative powers impaired. The emaciated frame demands it in a more readily assimilable form, and this very condition is very excellently filled in the syrup of the lacto-phosphate of iron and lime. If given with an elixir of cinchona, like that published in the December number of the MEDICAL AND SURGICAL REPORTER, the result would be greatly enhanced.

SYRUP OF THE PHOSPHATE OF IRON AND AMMONIA.

Heat phosphate of soda to redness. Take of the pyrophosphate of soda so obtained ℥ij. Dissolve in one pint of water. Take of the sulphate of iron ℥iv. Dissolve in twelve ounces of water. Mix the solutions, collect,

wash, and dry the precipitate at a gentle heat over a water bath. Take of this precipitate ℥j, liq. ammonia ℥iss, water q. s. Dilute the ammonia water with an equal volume of distilled water, and rub it with the phosphate of iron in a mortar until the latter is dissolved. Then dilute to seven ounces, and preserve gentle heat until it is evaporated to six ounces, and add ten ounces of dense syrup. Each drachm contains four grains of the phosphate of iron with ammonium. The syrup is quite permanent and remarkably free from inky taste. It is, no doubt, a very good preparation. The only specimen I have ever seen of it was made by Dr. A. D. Hauverman, now practicing at Chattanooga, Tennessee, but not being at all partial to bibasic phosphates I have never used it. My partiality is, however, very strong for the following preparation:—

SYRUPUS FERRI ET AMMONII CUM QUINIÆ ET STRYCHNIÆ PHOSPHATI.

℞.	Ferri sulphatis granulati,	℥vj.
	Sodii phosphatis,	℥x.
	Acidi phosphorici anhyd.,	℥xij.
	Acidi nitrici c. p.,	℥iij.
	Quiniæ sulphatis,	℥j.
	Acidi sulphurici dil.,	q. s.
	Aquæ ammoniæ concent,	q. s.
	Strychniæ citratis,	grs. xiijss.
	Sacchari albi,	℥xxx.
	Aquæ distillatæ, q. s.,	℥xlviij.

Prepare the anhydrous phosphoric acid by igniting phosphorus in dry oxygen. As soon as the combustion is completed dissolve twelve ounces of the white anhydrous phosphoric acid in sixteen ounces of distilled water; add the nitric acid, place on a sand-bath and apply heat until the fumes of nitric acid cease to be evolved. Dissolve the sulphate of iron in ℥x of boiling water, and the phosphate of sodium in twenty ounces of boiling water. Mix the solutions and carefully wash the magma until the washings are tasteless. Dissolve the quinia and the strychnia in four ounces of water, and precipitate the alkaloids by slowly adding a weak solution of ammonia water, and carefully wash them. Add the phosphate of iron to six ounces of the solution of phosphoric acid, and apply gentle heat until dissolved. Dissolve the quinia and the strychnia in four ounces of the solution of phosphoric acid. Saturate the remaining solution of the phosphoric acid with the concentrated ammonia water. Lastly, add the solutions of the phosphate of iron, the alkaloids and the phosphate of ammonium together in a bottle of the capacity of three pints, introduce the sugar and sufficient water to complete the measure of forty-eight ounces.

The same result can be obtained by using twelve ounces of syrupy phosphoric acid. The iron, quinia, and strychnia being dissolved in six ounces of the syrupy phosphoric acid and the remaining six ounces saturated with the concentrated ammonia water, mix them, and then add the sugar and water as above directed. The only objection that can be urged against this preparation is the very large amount of phosphoric acid, but when we consider that it is nearly all in basic combination the objection is less than it first appears. I regard this ammoniated syrup of the phosphates as a very valuable addition to our list of remedial agents.

Each drachm contains five grains of the phosphate of iron, six grains of the phosphate of ammonium, one and one-fourth grain of the phosphate of quinia, and one-twenty-eighth of a grain of the phosphate of strychnia. If therapeutically inferior to the syrup of the phosphates of iron, quinia, and strychnia, as a tonic, the phosphate of ammonia adapts it to an especial range of diseases. The permanency of the syrup also entitles it to important consideration. This formula differs very much from one previously published, and seems to be a better one.

PHOSPHATE OF IRON WITH AMMONIO-CITRATE.

The phosphate of iron with ammonio-citrate is a very valuable preparation, and possesses several advantages over the bibasic phosphate with ammonio-citrate. The profession is indebted to Mr. Crease, of the *Physician and Pharmacist*, for the proper method of preparing it in scales (see the *Physician and Pharmacist*, November, 1871), and to Mr. R. Rother for the syrup form. For several years past I have been accustomed to prepare a syrup of this form of iron thus, however using the potassic-citrate instead of the ammonic-citrate.

SYRUP PHOSPHATE OF IRON WITH POTASSIC-CITRATE.

℞.	Liq. Ferri Tersulphatis,	℥viij.
	Sodii phosph.,	℥ix.
	Acidi citrici,	℥xiv.
	Potassii bicarb.,	q. s.
	Sacchar. alb.,	℥xiv.
	Aquæ,	q. s.

Dissolve the phosphate of sodium in one pint of boiling water, and slowly add to the solution the tersulphate of iron, stirring slowly until the phosphate of iron is completely precipitated. Then wash it in a funnel, on a muslin filter, until the washings are tasteless. Saturate the citric acic dissolved in one ounce of boiling water with the bicarbonate of potassium, add to the iron and apply gentle heat on a sand-bath until the iron phosphate is dissolved. If it is not dissolved readily a small amount of citric acid may be added, which very promptly secures a perfect solution. Evaporate to ten ounces, add the sugar, and continue a gentle heat until the sugar is dissolved. Each drachm represents fifteen grains of the citro-potassic ferro-phosphate.

This syrup can be very readily used as the ferric base of an elixir with quinia, cinchona or gentian. Or the sugar may be omitted and the process of scaled ferric salts followed, by which very perfect olive green scales may be obtained. It will be observed that the process is almost precisely like that followed for the pyrophosphate of iron, only the tribasic phosphate of soda is used instead of the bibasic phosphate.

SYRUP OF THE SUPERPHOSPHATE OF IRON.

Dissolve four ounces of glacial phosphoric acid in six ounces of water, raise the temperature to the boiling point, and add sufficient freshly precipitated phosphate of iron to saturate the solution, then introduce sufficient syrup to make thirty-two fluid ounces. If it be desired to unite quinia alone, or with strychnia, add the freshly precipitated alkaloids in the proportion of one grain of quinia and one-twenty-eighth of strychnia to each drachm, or two hundred and fifty-six grains of the former and eight grains of the latter to an ounce of water, and rub them up with nine drachms of syrupy phosphoric acid. Add sufficient syrup to the iron to form sixteen ounces, and sufficient syrup to the alkaloids to measure sixteen ounces, and add the two syrups together. This forms a powerful tonic, seldom disagrees with the stomach, is entirely void of the slightest inky taste, and proves a very effective preparation. Unfortunately, it is very unstable and deteriorates rapidly. This fault can be remedied by adding two ounces, instead of nine drachms of syrupy phosphoric acid, but then it will have the faults of the concentrated ferrous syrups without their tonic power, in relative doses.

In conclusion I may here remark that the syrup of the hypophosphite of iron, quinia and strychnia exceeds in its therapeutical value every other preparation here given. Pharmaceutically, however, it is not perfect, and I would be very thankful for an economical and practical mode of preparing it. To me this preparation is yet an unsettled problem.

The syrup is also so expensive as to be an obstacle to its general use.

The syrup of the phosphates of iron, quinia and strychnia prepared by my formula is an article of great value, and will seldom disappoint those who trust it as a general tonic.

The phosphate of iron with ammonium-citrate is a mild chalybeate, very soluble, readily incorporated into compounds, either as elixirs, syrups, or pills, and thus fills a very important desideratum. It is therapeutically and pharmaceutically superior to the bibasic phosphate, which it is destined to supersede in many preparations where the latter is now employed. I do not believe bibasic phosphoric acid possesses any remedial powers. The phosphate of iron with ammonium phosphate is worthy of further investigation. The more I have used it the more I have been impressed with its great importance, the wider its range of application, and greater my confidence in its remedial power. In chronic engorgement of the uterus, attended with aching pain in the left iliac region, with tenderness on pressure, morbid sensibility along the course of the spine, deranged digestion, attended with constipation, headache, nervous derangement of the heart, attended with marked ænemia, I have found this combination to give better results than anything else in the manner of constitutional treatment. In fact, in nearly every case unattended with ulceration or organic disease this syrup, assisted by enemas of cold water (one pint being injected into the bowels upon arising from the bed every morning), and an occasional blister over the region of the uterus, gave very prompt relief and produced a radical cure.

In certain forms of neuralgia it seems to exceed in its prompt and permanent relief every other known remedy. A few months

ago I was consulted by a lady who had been for two years a victim of sciatica. Aconite, belladonna, bromide of potassium, iodide of potassium, colchicum, blisters, moxas, arsenic, morphia, quinia, and iron (the subcarbonate) had been freely used without any permanent benefit. I prescribed for her this preparation, to be taken in teaspoonful doses three times a day, however increasing the amount of quinia to two grains in each dose, twenty grains of hydrate of chloral, twenty grains of the bromide of potassium, and one drachm of the valerianate of ammonium, to be taken in a wineglassful of port-wine at bed-time, and a liniment composed of equal parts of saturated tincture of aconite (18 oz. to the pint), chloroform, and sufficient camphor to saturate them. Within a week the suffering was much mitigated, and in six weeks after the cure seemed perfect.

In neuralgia of the face and head, the result has been extremely gratifying. Cases that had defied every other treatment often obtained relief from this syrup. About four months ago a gentleman about fifty years of age placed himself under my treatment. He was suffering intensely with neuralgia of the left side of the head, his eyesight very much impaired, and his intellectual faculties reduced almost to the condition of a puling babe. I placed him on this preparation. The improvement was remarkable. In one week the acute pain had subsided to a slight soreness, the eyesight was very much improved, the change in his physiognomy was very marked, the pale, haggard, woe-begone expression, so marked on his countenance at the beginning of my treatment, was replaced by a bright, cheerful face. He used twelve ounces of the preparation, and then, not being able to procure it, was persuaded to use Easton's syrup—that it was just as good. It seemed for a couple of weeks to do a slight benefit. The physician then placed him on bromide of potassium, and all the good he had received from the iron treatment was speedily undone.

In those cases of subacute rheumatism associated with anæmia, nervous debility, and slight cardiac trouble, in fact, the very numerous class of rheumatics found in low, damp, malarial situations, I esteem the syrup of the phosphates of iron and ammonia, with quinia and strychnia, very highly. I, however, use it in alternation with the following:—

℞.—Tinct. guiac. amm.,	℥ij.
Fluid ext. colchici rad.,	℥ss.
Potassii iodidi,	ʒiss.
Fluid ext. cardamoni,	℥iij.
Syrupus aurant. cort.,	℥ij.
Aquæ q. s.,	℥viij.

Tablespoonful every four or six hours.

This treatment has been generally very satisfactory in my hands, and holds my confidence in a higher degree than any other.

Although one might, *a priori*, infer that the main good resulted in such cases from the last recipe, I do not think so. The phosphate of ammonia is one of the most valuable remedies in rheumatism. Quinia is well known as an anti-rheumatic, especially in the class of cases above referred to. In diseases of the urinary and genito-urinary organs, this combination does much good. While a medical officer in the federal army, I had very rare chances of using this remedy, and watching the effect, as it only can be watched in an army hospital, during the late civil war; and, taking my own experience as a datum, I am very positive in my conclusion that it often did more good than I obtained from other remedies. In chronic diarrhœa, complicated as it very often was with Bright's kidney disease, this preparation often stayed the progress of this very obstinate malady, although I am sure not a single cure was permanent, except those sent to Northern hospitals, in which cases the removal from concurring and exciting causes did more advantage than could have possibly accrued from the entire paraphernalia of the materia medica.

In imperfectly cured pneumonia, where there has been extensive extravasation into the parenchyma of the lungs, the air-cells obstructed by the albuminous exudation, and a low state of inflammation still continuing, this preparation has given very good results, especially by adding about twenty grains of phosphate of ammonium to each dose. Such cases are generally diagnosed phthisis, dosed with cod-liver oil, and buried. A correct diagnosis and judicious treatment will cure nearly all of them. Such cases have given éclat to Jayne's Expectorant and other almost as vile nostrums. Although those abominations are usually very prejudicial to such cases, the conservative resources of nature surmount both the poison and the disease. Notwithstanding the poisonous

properties of the so-called "Winslow's Soothing Syrup" have received pretty extensive condemnation, I regard it as a comparatively harmless remedy alongside of this "Expectorant" of the "Prince of Quacks." The diagnosis between phthisis and chronic pneumonia is too seldom, I fear, definitely determined. The rapid destruction of the lungs after acute pneumonia is too often erroneously attributed to tubercles, and the true pathological lesion overlooked. In such cases the syrup of the phosphate of iron and ammonia, with quinia and strychnia, is entitled to favorable consideration, and I have no doubt that very many would recover under judicious treatment, who die from the sequelæ of pneumonia. In recommending the syrup of the phosphate of iron and ammonium, with quinia and strychnia, as a very valuable agent in the sequelæ of this disease, I need hardly remind the profession that the presence of inflammatory symptoms contra-indicate the preparation; the iron is very prejudicial to the already irritable air-cells. Phosphate of ammonium and phosphate of sodium seem to have a marked influence. Ten grains each, given in an ounce of camphor water, and repeated four or five times a day, very often modifies the condition materially, if it does not dissipate every inflammatory symptom. Inflammatory symptoms being removed, the iron combination can be used with marked benefit. Phosphorus certainly exerts a marked influence over pulmonary troubles. I have seen several cases of acute pneumonia treated by phosphorus in $\frac{1}{200}$ of a grain doses, and repeated every two or three hours. They did very well. The improvement was marked and rapid, and the cure effectual. I have, however, never ventured to trust a patient of my own to such treatment.

The hypophosphites are unquestionably the best medium by which phosphorus can be introduced into the system, by which the curative impression can be transmitted. The hypophosphites of iron, ammonium, quinia, and strychnia seem to equal, if not surpass, the phosphates of the same salts in nerve trouble, surpass that combination in pulmonary diseases, but prove very much inferior in rheumatism, gout, uterine and kidney derangements. As a tonic, no combination yet devised, of iron and alkaloids, equals the syrup of the ferrous phosphate, with quinia and strychnia, made according to my formula.

Medical Societies.

GALLIA COUNTY, OHIO, MEDICAL SOCIETY.

[OFFICIAL REPORT.]

June 4th, 1873. Society called to order by Dr. Wm. S. Newton, President. Minutes of previous meeting read and approved.

Committee appointed, consisting of Drs. Fletcher, Morgan, and Jacobs, to prepare a restricted fee bill to be presented at the next meeting.

Dr. R. D. Jacobs read an essay on typhoid fever, considering its course, prognostic and diagnostic features, and its treatment, speaking at length upon the use of cantharidal blisters and the administration of the tincture of cantharides in comatose cases caused from the non-excretion of the secreted urea.

The Doctor stated that in the year 1862 he treated one hundred and eleven cases of typhoid fever; the necessity of having trained and skilled nurses, frequency of change and cleanliness of bed clothing, and for the intestinal lesions the advantages of turpentine with mucilage, of the use of the mineral acids, and, at the later stages of the disease the use of nutritive and supporting treatment, such as good brandies, whisky, eggs farinaceous diet, and sulphate of quinia in one grain doses.

Dr. Mills spoke of the direct cause of typhoid fever, and upon the early use of diaphoretics.

Dr. Sanns spoke of the early resorting to stimulating treatment, and with considerable stress upon the use of milk punch, from its direct assimilation and its beneficial effect on the bowels, reserving the use of turpentine until after the second cleaning of the tongue. The Doctor complimented the essayist, and heartily endorsed the article.

Dr. Alcorn said he was not partial to the terebinthina, but was in favor of early administration of quinia sulphas in infinitesimal doses.

Dr. Rathburn thanked the essayist for his paper, and endorsed it, and said he did not like the old treatment with the hydrarg sub. murias, as it reduced the fibrine in the blood.

Doctors Gardner, Mills and Morgan were appointed essayists for the next meeting.

Motion made and carried, to adjourn till July 2, 1873. W. C. H. Needham,
Secretary.

Editorial Department.

Periscope.

Phosphatic Food in Debility.

Dr. Routh, of London, gives among others the following instructive cases in the *Medical Press and Circular*.

July 1. Rev. T. H. F., æt. about 60, has been a clergyman for many years, preaching with notes only, but lately has become confused whilst preaching, forgetting the thread; seems also to have experienced lately want of power to grasp subjects. Recovers himself after a time, but the fear of this makes him very nervous; sleeps fairly, not troubled by dreams; lives in Cheshire, in a damp, cold neighborhood; loss of memory occurs frequently at other times than when preaching; no recollection, especially of names and figures; urine normal, no sediment; total loss of virile power; no backache, but a creeping sensation up from the nape of the neck; no loss of muscular power on either side; eyesight weak; no indigestion; cannot digest lobster; first sound of heart rather prolonged, especially at base; bowels regular in London, more so than in country. Ordered Parrish's food, oyster and other shell fish, excepting lobster. As his teeth are bad, use a small digestive sausage machine.

July 31. Greatly better. Had profited greatly from the treatment. The mental faculties much improved. States is not the same man. He was now ordered allotropic phosphorus, g. x. daily, after his dinner. My last account from this gentleman was that he had completely recovered.

Mrs. Y., æt. about 42, consulted me in November last for loss of mental power and strength. The catamenia had stopped twelve months, and she too had a large family, with small means, and was much worried by creditors. Her memory is very defective, indeed, gone; she can't remember anything, nor when she puts away any articles of dress. When she has a good night she is rather better for a few hours, and then the same state recurs. She is always worse if she has had her attention forcibly called to anything; is very restless at night; her feet being drawn up as if she was going to have a convulsion; is become shockingly bad-tempered; will become violent on the slightest contradiction; feels very anxious and unhappy; bowels open; tongue clean; no leucorrhœa at present, although five months back she used to have them copiously for two or three days in lieu of the catamenia.

Ordered mustard to nape of neck; feet in hot water; half a drachm of bromide of potassium every night in water; sol. phosph. used m. x. *ter. die.* A week after (November 12) was generally better, except that she had one bad day.

On the 19th she was better, but she stated that she had taken the bromide very irregularly, finding she could sleep without it, and the head was much less giddy.

This patient I saw for several weeks after. The treatment was interrupted by a bilious attack, which obliged me to suspend the phosphorus; subsequently it was resumed. She is now greatly better; feels that the phosphorus acts as a sort of tonic, or rather, as she expresses it, can't sleep without it. Memory greatly improved; some days not so good; but the intervals are longer, and generally her improvement is marked, and she is, in fact, convalescent.

Recent Theories on Consumption.

We learn through the *Medical Press and Circular* that Dr. Jaccoud, of Paris has published a work (*Lecons de Clinique Medicale*) in which he adopts the ideas of Niemeyer about phthisis. It has been thought by most medical men since the days of Lænnec that phthisis pulmonalis is a disease often hereditary, whose prognosis is almost always fatal, and against which, consequently, therapeutics are almost useless. Dr. Jaccoud says no: slow ulceration of the lung is what constitutes the chronic condition called phthisis. But there exist, he thinks, two very distinct kinds of phthisis:—1st. Pneumonia or cheesy phthisis, which arises without previous tuberculosis. 2d. A tubercular phthisis, due to pneumonic lesions secondary to the evolution of granulations. Thus, M. Jaccoud opposes duality to the unity of phthisis; and, in his eyes, if tubercular phthisis constantly, or nearly constantly, ends in death, this is not the same with pneumonic phthisis, which is curable at all periods of its evolution, that of excavation comprised. He admits, and without any contest, the statistics of Colberg and Slavjansky, who, of 100 phthiscal patients, found the first 90, the second 88, cheesy pneumonias with tubercles, and he also professes, without giving the statistics, that pneumonic phthisis is far the most common kind.

We are thus able to understand that M. Jaccoud insists on the differential characters which separate the two species of phthisis, and speaks much of the treatment of the pneumonia which produces the phthisis. But we must say that M. Jaccoud's statistics neither prove the non-fatality of simple phthisis, nor any other point advanced by him. He is even obliged to confess that even when cases of cheesy pneumonia are at first entirely independent of tuberculosis, those which produce phthisis are often complicated in a variable space of time with

a secondary production of granulations. On the other hand, he admits that in true tuberculosis, the primary granulations may disappear up to the very last one, from necrobroses and ulceration; on this fact rests the argument that, although no granulations exist at present, they have existed. This is the argument of those who speak of the unity of phthisis.

The last works of MM. Cornil, Graucher, and Thaon tend to prove that we may always, in cases of caseous pneumonia, ascertain the presence of tubercular granulations. M. Thaon, who has made a minute study of 250 autopsies of phthisical persons, has arrived at being quite doubtful as to the existence of essential cheesy pneumonia, and is still looking about for the first clear case of it.

Treatment of Pneumonia.

Dr. DRYSDALE says on this topic, in the *Medical Press and Circular*:—

Bleeding is useless, except in the first days of pneumonia, when the crepitating râle is present; after this time it produces only anæmia.

Slight blood-letting sometimes diminishes the dyspnœa in pneumonia, and sometimes softens the pulse in sthenic cases. It should not be used in the delirium of pneumonic patients; for, as Dr. Magnus Huss has shown, such cases of delirious pneumonia occur usually in drinkers, or in the aged. "Bleeding" (says Van Swieten) "kills drinkers." Children should not be bled, for expectant treatment does best in their case; and, if bled, children may be rendered anæmic for long. Old persons, again, should not be bled. The inhabitants of towns are rather paler than countrymen; but bleeding suits neither citizens nor country people. Country people are often reddened by the sun, and also by alcohol, and bleeding soon exhausts their strength as well as that of townsmen.

Perhaps, then, the true treatment of pneumonia, even of the most sthenic form, consists in low diet, cold fresh air, frequently renewed; and, for drugs, the use of small doses of tartarized antimony in fit cases. Whether hot fomentations or cold applications (ice to the part affected) should be used is not, perhaps, quite clear. The former are less formidable, and often do great good in relieving the dyspnœa. The wet sheet will reduce the temperature sometimes from 104° F. to 102° and gives great relief in fit cases. Alcohol is of no service in pneumonia, or in fevers which, when treated carefully by attention to temperature, food, and plenty of cool air, do usually very well indeed; unless, indeed, in worn-out and aged persons, in whom pneumonia is often from the first clearly destined to end fatally, or in young children when the fever runs very high.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A timely and excellent address by Dr. I. RAY, entitled "Ideal Characters of the Officers of a Hospital for the Insane," has been published. It should be carefully studied by every officer of these Institutions in our land.

——Ethnology has always an interest for the enlightened physician. We therefore note with pleasure the activity lately manifested in this department. Col. FOSTER'S *Pre-Historic Races of the United States* will obtain a wide sale. The Anthropological Society of Berlin has recently issued some useful instructions for the guidance of naval and medical officers in collecting information on ethnology, anthropology, philology, pre-historic archæology, and kindred subjects. A supplementary part of the *Zeitschrift fur Ethnologie* is devoted to the publication of a number of vocabularies and other specimens of languages, collected by Dr. SCHWEINFURTH during his journey in Central Africa. "A Hand-Book of Ethnography," by Dr. F. MULLER, will shortly be published by Beck, Vienna.

BOOK NOTICES.

Chemistry: General, Medical and Pharmaceutical. Including the Chemistry of the United States Pharmacopœia. A Manual on the General Principles of the Science, and their Application to Medicine and Pharmacy. By JOHN ATTFIELD, Ph.D., F.C.S., etc. Fifth Edition. Revised from the Fourth English Edition by the Author. Philadelphia, Henry C. Lea, 1873. 1 vol., 8vo, Sheep, pp. 606. Price $3.25.

This edition of Attfield's popular manual has been thoroughly revised by the author, and additions to the extent of about seventy pages made, so that the latest developments of this very rapidly growing science should

eceive due notice. Especially every novelty n Pharmaceutical Chemistry has been incorporated, and the work adapted as fully as possible to meet the wants of the physician and druggist. The chapter on Chemical Philosophy, an abstruse subject which has not yet received a permanent shape at the hands of men of science, has been entirely re-written, and the metaphysics of the science placed in the shape just now most acceptable to those who study it most closely. The proof has been read with great care, and a complete Index adds much to the value of the volume. Physicians are too apt to let their knowledge of chemistry fade away in active life, but it is a serious mistake to do so, and there is no excuse when such clear and compact treatises as this offer for a very little study to place them *au courant* of the most recent discoveries.

Contributions to Practical Surgery. By George W. Norris, M. D., etc. Philadelphia: Lindsay & Blakiston, 1873. 1 vol., 8vo, cloth, pp. 318. Price $4.00.

In this handsome volume Dr. Norris has included the essays on Non-union after Fractures, on the Statistical results of Operations on the Larger Arteries, and upon Fractures and Amputations, which he has previously published in medical periodicals, and to them has added a paper on Compound Fractures, a large amount of new material on the occurrence of False Joints, numerous Clinical Histories, and a short article on Varicose Aneurism at the Bend of the Arm.

The statistical method which he follows in investigating these subjects requires a very extensive search in the periodical literature of science, and it is easy to see, but not easy for one unaccustomed to such researches to appreciate the vast amount of labor which he has expended in collating so many different sources. By such labor alone, however, can the disconnected reports of numerous operators be made of real value as a guide to future action in surgery. The reports of cases thus acquire a permanent value in the eyes of readers, and the experience of the many can be rendered available for all.

Dr. Norris employs the results thus obtained with judgment and discrimination. Merely to jot down figures and add up columns is not the sound statistical method, though too often observers, especially medical writers, seem to think it is. These figures do not represent the same facts. Each case has its peculiar features, and in classification these must be carefully distinguished. This the author does with great pains, and the reader feels no hesitation in accepting his results, as a fair exposition of the present state of knowledge on the points he discusses.

The work is admirably printed on heavy toned paper, in clear type. But the absence of an index is a piece of neglect, for which both author and publisher are inexcusable. A book without an index, in these days of many books, ought not to be allowed a copyright.

On the Treatment of Diseases of the Skin: with an analysis of Eleven Thousand Consecutive Cases. By Dr. McCall Anderson, etc. Philadelphia: Henry C. Lea, 1873. 1 vol., 8vo, pp. 84. Price $1.25.

We have noticed at some length, in a previous number of the Reporter, the English edition of this work, and its republication by an American house will be timely and useful. As a brief record of a very extended experience in dermatology, it has not lately had an equal. Dr. Anderson is eminently practical, and he does not lose himself and waste his readers' time in the mazes of classification, as many writers on skin diseases do, but goes direct for therapeutics, and in that department has positive views founded on extensive observation.

A Guide to Urinary Analysis, for the Use of Physicians and Students. By Henry G. Piffard, A. M., M. D., etc. New York: Wm. Wood & Co., 1873. 1 vol., cloth, 8vo. pp. 88.

A brief, carefully prepared manual of urinary analysis is here offered the profession. It contains instructions on the collection and measurement of urine, a description of the apparatus required for its examination, the reagents and standard solutions employed as tests, the color, reactions and specific gravity of urine, the estimation of normal and abnormal constituents, the marks of the presence of medicinal substances, thermometrical and barometrical tables, a bibliography of recent works on urinary analysis, and a price list of instruments. The paper and print is excellent, and there are a number of illustrations carefully printed.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 2, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE BELIEF IN SPECIFICS.

The therapeutical doctrines of treatment on "general principles," and the "healing power of Nature," are so rife nowadays that it requires some courage to say that we believe in any specifics at all. You are at once requested to define a specific, and straightway your definition is attacked and criticised, and you are informed that any such faith is incompatible with the tone of modern science. That a substance can act toward a disease as an antidote acts toward a poison, neutralizing and rendering the disturbing cause inert, is not willingly granted.

Yet scanned ever so critically, there is nothing incredible, nothing impossible in such a credence. Whatever our theory of acute diseases, and we ask all to beware of that scientific intolerance which would maintain the views just now prevalent as the only true ones, there is such a thing as the immediate destruction of their causes. Whether spores, or germs, or parasites give rise to epidemics, we may say, as Lady Macbeth of Banquo and his son,

"In them nature's copy's not eterne,"

and reasonably hope to find some mortal weapon for them.

The treatment by expectancy and general principles is in fact but a make-shift, an alternative forced upon us by our ignorance of better, more direct means. The future of medicine is not a perfected system of nursing the sick, as many seem to think, but a discovery of positive therapeutical means. We are not visionary enough to suppose with some of old that for every disease nature provides a remedy. Nature takes no such care of her creatures. But the value of research is vast; there are far more remedies in the world than we have yet found.

The vague and negative theories of medical philosophy, invented for no other purpose than to make us boastful of our ignorance, hurt progress and discredit investigation in fruitful directions.

Notes and Comments.

Another Discovery.

Darwin teaches that our remote ancestors were amphibious; but that our descendants may become amphibious if we wish them to be, was reserved for an American physician to demonstrate. The story is told in the London *Medical Press and Circular*, of June 18, in the following words:—

Dr. Schultz, of Chicago, has the merit of having invented something unmistakably new, and of explaining one of the deficiencies of the mechanism of the circulation in man; but at the risk, we think, of a prolonged incarceration for manslaughter should any fatal result ensue from the experiments which have been performed on this occasion, not only on the "corpore vile" of a setter's pup, but on his own child.

The foramen ovale, admittedly, in some diving mammals (as in the seal), is open, to allow free circulation during the prolonged plunges of these creatures. Dr. Schultz, influenced by such observations, directed his attention to transforming human beings into diving animals, by obtaining the non-closure of this opening in the early periods of life. He proceeded, submitting the new-born puppies of a setter to the experiment,

by immersing them in warm water at blood heat, and keeping them immersed from two to five minutes; he found that no unpleasant results followed. Fortunately, or unfortunately, as the case may be, a little Schultz was, at this conjuncture, projected into this *terra incognita*. The parent determined on his being amphibious, and on receiving this pleasing token of affection, he immersed it in a pail of water heated to blood temperature, and kept it below the surface for four minutes; after some seconds the blood "found its way through the foramen ovale."

The process was repeated daily, sometimes as often as five times in the twenty-four hours, till the little Schultz could remain submerged for twenty-five minutes at a time, and no doubt as growth increases he will perfect himself in amphibiousity.

A New Destroyer of the Hair.

Under the above title Dr. BŒTTGER, in the *Memorabilien*, says that we possess a new material for destruction of hair, of a most suitable description, in a mixture of one part of crystallized sulphydrate of sodium with three parts of fine carbonate of lime mixed and reduced to a very fine powder. This mixture may be kept any length of time without alteration in well closed bottles. When moistened with a drop of water and laid by means of the back of a knife on the part of the skin covered with hair, we see in a few minutes and find the thickest hair turn into a soft mass, easily removed by means of water. If it remain on the part long it will cause a slight irritation of the skin.

Chloral Hydrate in Nocturnal Incontinence of Urine.

Dr. G. LEONARDI mentions several cases of nocturnal incontinence of urine cured by means of chloral hydrate. In one case, in a boy æt. 8, of good health and strong constitution, the patient had suffered from the complaint from early childhood. He was cured of the disease, by doses of eighty centigrammes in water, in the course of five days. In a girl, æt. 15, who had also suffered from the complaint since the age of childhood, doses of one gramme effected a rapid cure. A boy, æt. 13, had suffered from the disease since the age of 5, after typhoid fever. He was speedily cured by the same medication. His brother, æt. 8, also suffered since childhood from the same affection, but was cured in a week with doses of eighty centigrammes at night. The fifth case was of a girl, æt. 8, who suffered after having had worms. She was speedily cured by chloral hydrate. Dr. LEONARDI hence holds that chloral is the best remedy against bed-wetting, when this depends on spasm of the detrusor vesicæ, against which the sphincters can offer no sufficient obstacle. The patients should use as little water as necessary with the remedy, and take as little drink as they can, especially towards evening. The patient is much benefited in health by the cure of the disease.

Oxide of Zinc.

Dr. BRACKENRIDGE says, in the London *Medical Times and Gazette*, on zinc in infantile diarrhœa:—"The disease depends chiefly on a weak and too impressionable state of the nerve-centres presiding over alimentary secretion; that it is correlated to convulsions and other spasmodic diseases, and that it is accompanied by hyperæmia of the secreting surfaces of the alimentary canal." To meet these indications we need a remedy which is tonic, anti-spasmodic and astringent. Oxide of zinc was chosen upon this theory, and twelve cases are recorded in which this remedy was successfully employed.

Remarks on Methylene.

Dr. RICHARDSON says that this anæsthetic is rapid in its effect, that "from one to two drachms will induce, in the space of a minute and a half to two minutes, sufficient insensibility for a short operation, while from two to six drachms are sufficient for the production of prolonged anæsthetic sleep." The sleep induced is very gentle, and rarely attended with convulsive movement; vomiting is less frequent than from chloroform, ether, or bichloride of methylene.

CORRESPONDENCE.

Ergot in Abortion.

EDS. MED. AND SURG. REPORTER:—

While agreeing in every respect with Drs. BRUBAKER and CORSON, as to the action of opium and its salts in labor and abortion, I differ with them as to the action and use of Ergot. Dr. Corson asks (MED. AND SURG. REPORTER, May 31st), "would we dare ply a woman with ergot when pregnant and threatened with abortion? Certainly not." Now I claim and can establish by the testimony of at least fifty cases, that when threat-

ened abortion is evidenced by pain and hemorrhage, ergot in *full doses* is the safest and most certain remedy known to the profession. Not for the purpose of checking hemorrhage and expelling the contents of the uterus, but to check hemorrhage and retain the fetus *in situ* with safety to both mother and child.

My first experience with ergot as a remedy for threatened abortion, was during the fall of 1859, upon Bayou Grosse Tete, where I was called to see a negro woman. I found her in the fifth month; the bed deluged with blood; pulse almost imperceptible; sighing respiration; her body bathed in a cold clammy perspiration; the hands and feet cold as death; the os patulous and dilated to the size of a dollar. I plugged the vagina, and gave at once ℥ss. vini ergotæ in ℥jss. of whiskey, and repeated in half an hour, and with what result? According to the views of Drs. Carson, Byrd and others, abortion completed should have been the consequence. But much to my surprise, the pains ceased, and upon the removal of the plug I found the os contracted and absolutely no hemorrhage. I continued the ergot in ʒj. doses with whiskey every six hours, for seventy-two hours, still expecting her to miscarry. But she went to full time and gave birth to a stout, hearty, healthy child. This was contrary to all that I had learned in school or hospital (I am a graduate from the Charity Hospital, New Orleans), and I had been taught that the loss of ℥j blood followed by ergot made abortion inevitable. But here was a loss of nearly all the blood in the body, followed by heroic doses of ergot, with no abortion.

The second case was April 2d, 1860; primapara; third month; hemorrhage profuse; os patulous; bound to miscarry. To stop the hemorrhage and expel the fetus I gave ʒj aromat tinct. ergot every twenty minutes, till hemorrhage ceased and the pains ceased with it. She went to her full time and gave birth to a healthy, hearty child.

These are but typical cases out of many. I have been a practitioner of medicine ever since, except the three years of the war, and although I have treated many cases of threatened abortion, I have not had a single case to abort when I could get my patient under the influence of ergot before the fetus had already partially escaped from the os. I have had three cases during the last five months (regular pains and hemorrhage), to all of whom I gave ergot, and *none* aborted. For the last two years, when pains have been severe, my first dose has been from ½ to 1 gr. morphia in 2 teaspoonsful fld. ext. ergot, and repeat the ergot in ʒss. doses every half hour, till hemorrhage ceases. The morphia I often do not give; but the ergot I never fail to give in full doses.

Dr. Carson asks again, "would we give ergot to a pregnant woman at any period of gestation, for the relief of suffering, however acute and wholly unconnected with her pregnancy? Certainly not." My experience with two cases says we may. That if it does no good, it does no harm. In 1863 I had a patient who had miscarried eleven times, and always at the completion of the third month, in spite of rest, opium, and all I could do to prevent I knew nothing of the tonic influence of viburnum prunifolium, and looking upon ergot as a simple uterine tonic, and nothing else, at least during the early stages of pregnancy, I put her upon ʒj. doses vini ergotæ, night and morning, for two weeks, till the evil time had passed, and she has had no abortion since, but has become the happy mother of three fine children.

Case second, in 1872. Aged twenty-two years; never been pregnant; catamenia irregular for years; sometimes goes from three to five months with no show. I did not suspect pregnancy, nor did she. Tremendous hemorrhage from bowels. In addition to other treatment, I gave ʒj. fl. ext. ergot every hour, till hemorrhage ceased. Six months and two days afterward she was delivered by me of a fine full grown child.

I believe the prolific cause of abortion is a relaxed atonic condition of the muscular walls of the uterus, and that ergot, by its special tonic action upon that organ, restores tone, brings back to a normal condition, and thereby stops hemorrhage and prevents abortion. Such is my experience for the last fourteen years, and now I expect ergot to stop hemorrhage and relieve pain with as much certainty as I expect quinine to break up an ordinary intermittent. I know that I will be looked upon as a heretic by the mass of the profession. But such has been my experience, and for a country doctor, it has been no small one.

J. W. Saunders, M. D.,
Clinton, La., June 13, 1873.

Age vs. Labor.

Eds. Med. and Surg. Reporter:—

In your editorial of July 12, commenting on my researches into the relation of age to work, you say that the value of my statistics is impaired if not destroyed by the fact that I did not take into account the tables of mortality, and did not consider the well understood fact that the majority of persons living in this world are under forty years of age.

Now if there is any question connected with these researches to which I have given more attention than to any other, it is to this very question, *the average age of those who have done the original work of the world.*

In all cases where I study a life of a person not living I take the age at death. So far as I have gone in my investigations the average age of the great men of history, taking the names as they come, and including, of course, those who, like Byron, Raphael, Mozart, etc., die young, is *over sixty.*

I have published my researches on the longevity of brain-workers so frequently

that it seems hardly necessary to repeat them. They can be found in the old numbers of the *Hours at Home* and of the *College Courant*, of New Haven. I may say further that in connection with this treatise on age and work, and side by side with it, and indeed as a part of it, I have for years been preparing a work on Longevity, and that the researches for the two works are carried on together, and aid and supplement each other.

Still further I may say that the conclusions which I announced in my very first articles on longevity, that brain-workers, for various reasons, live longer than muscle-workers, that clergymen live longer than any other great actively working-class in modern society, which statements were ridiculed and disputed then just as these conclusions in regard to age and work are ridiculed and disputed now, have since been confirmed by a number of observers, and have been accepted by the Clergymen's Life Insurance Company of New York.

I speak of these facts to show that so far from neglecting I have given special attention to the longevity of the original workers of the world, and that my conclusions, though utterly opposed to the once popular notions, have been in a measure accepted.

That the most important original work of the world has been done by a few hundred, or at least a few thousand men, no one who has given much thought to the subject will deny; and if the average age of these at death is over sixty—not far from sixty-five, as I have proved—and if the original work of *these men* was done *early*, and not late in life, then the demonstration of the law of the relation of age to work is complete. With the rest of the human race we have simply nothing to do. Their expectation of life, their average longevity, may be subjects of interest, but in this investigation we need to know only *the tables of mortality of the original workers whom we study.*

The statistics of Dr. Jarvis, a gentleman, by the way, to whom I have been much indebted during all my investigations on the subject of longevity, have no possible bearing on the question under discussion. I may state here that a very common mistake of those who criticise new facts and generalizations, is to *assume* that their originators generalized, without taking into account all sides of the question, and all the qualifying considerations. The subject of age and work I have endeavored to approach from every point of the compass. To one exception to the law that my opponents usually adduce, I can bring up five or ten. The general objection to which you refer, that the aged have less stimulus to originate work than the young, I have considered in elaborate detail, and in its various bearings. It is, I think, the most important objection that has been brought against my theory.

To the materialistic and sentimental objections that you array at the close of your article, there is, perhaps, no occasion for me to reply. The same objections have been brought, under various forms, against every radical advance in thought, from the birth of science until now, and they will continue to be brought, under similar or different forms, so long as man shall attempt to think and science shall continue to advance among men. Arguments against scientific facts or theories, drawn from their real or apparent tendencies, seem to be more appropriate for a political or a religious than for a scientific journal, to be more worthy of the 14th century than the 19th, and to be more suited to the latitude of Spain than of America.

Scientific discoveries are simply the thoughts of the Creator revealed through his creature, and if their tendencies are evil, the Creator and not the discoverer is responsible.

At the present time a number of thoughtful observers are investigating this subject, both in its scientific and practical relations. To these I may offer three suggestions:—

1. That they rigidly observe the distinction between *original* and *routine* work. It is the original, creative, pioneering work that tests brain-power.

2. That they first collect their facts and theorize afterwards.

3. That in all their biographical and historical reading this subject be kept constantly in view.

In closing this communication I wish to express my appreciation of the courtesy and candor with which you have conducted the discussion.

GEO. M. BEARD, M. D.

New York, 122 Madison av., July 15, 1873.

[In the above letter Dr. BEARD substantially acknowledges the justice of our criticism. He has assumed a special and peculiar longevity for men of genius, and considers them exempt from the ordinary laws of mortality of the human family, and even of their own nations. We repeat and maintain that they are of like mortal stuff with the rest of us, and that their work must be measured by the average mortality of their time and nationality, not by that of the longest lived class in the community. We would also remind Dr. BEARD that a theory is not necessarily great and true because it is opposed and criticised, for foolish ones meet this fate also; and that the "sentimental objections" we mentioned were offered not as arguments against his theory, but as the reasons why we took the pains to disprove it. At best, his argument is deducing a positive proposition from a negative—many men of sixty do no original work, therefore, they as a class, cannot—not a rigidly scientific deduction.—EDS. REPORTER.]

A Monstrosity.

EDS. MED. AND SURG. REPORTER:—

In the afternoon of May 12th, 1872, Mrs. B. gave birth to a rather remarkable monstrosity, of which I send you a short description.

This being her seventh parturition, and

having a roomy pelvis, delivery was accomplished quickly and without difficulty. The body of the child, a female, was of ordinary size and well developed in all its parts; attached to it by a small pedicle was the body of a second child, the lower part of which was reasonably well developed; buttocks large, the articulations of the lower limbs well formed, feet and toes complete, yet inverted, the upper portion of the body very much smaller, terminating with the rounding of the shoulders and acephalous, the arms rudimentary and terminating in one finger.

The pedicle connecting the two was short, and about an inch in diameter, located in the upper epigastric region, the bodies facing each other.

The external genital organ, that of a female also, was well developed, and the urine was regularly voided. The anus was imperforate.

At the earnest solicitation of the parents, and after several careful consultations, it was decided to try the operation of separation, the child being two weeks old.

Present during the operation were Drs. S. M. Swann, W. B. Lowman, F. Schill, and J. C. Wilson. Dr. Swann applied a strong ligature around the pedicle, which evidently produced extreme pain, as the child cried vigorously. Small quantities of ether were administered at intervals, sufficient to control the pain, but not enough to produce complete etherization. Gradually the temperature of the isolated body decreased, indicating that the circulation had been intercepted.

After waiting awhile it was decided to remove the isolated mass, which was done by a circular incision around the upper part of the pedicle, leaving a sufficient button to prevent the slipping of the ligature. As the incision was extended a rudimentary spinal column was discovered extending through the pedicle, also some of the small intestines were found to be common.

Upon examining the mass after separation it was found that the kidneys and a small bladder were the only independent organs. The kidneys were abnormally large. The mass after separation weighed between three and four pounds.

The child died in about four hours after the operation, and unfortunately the opportunity for a thorough post-mortem examination was not granted.

Respectfully,

J. R. CALDWELL, M. D.

Johnstown, Pa., July 7, 1873.

[Dr. CALDWELL transmits a photograph of this singular monstrosity, exhibiting the connection he describes very distinctly.—EDS. REPORTER.]

—F. Clarence, oldest son of Dr. John Thornley, surgeon in the United States Navy, residing in Charlottesville, Va., accidentally shot himself, July 21st, and died immediately.

NEWS AND MISCELLANY.

Death of Romberg.

The German medical journals announce the death, on the 16th of June, at the age of seventy-seven, of Moritz Heinrich Romberg, the eminent writer on the pathology of the nervous system. Dr. Romberg was born in Meiningen, and graduated at the University of Berlin in 1817, after which he studied in Vienna under John Peter Frank. In 1820, he was appointed a medical officer of the poor in Berlin; a situation which he held for twenty-five years. In 1830, on the outbreak of cholera in Berlin, he was appointed director of the cholera hospital; and he held a similar post when the epidemic again appeared six years later. In 1838 he became an extraordinary professor, and in 1845 ordinary professor, in the University of Berlin. His principal work, a treatise on the *Nervous Diseases of Man*, was first published in three parts, in 1840, 1843, and 1846, and was, in 1853, translated into English, by Dr. Sieveking, for the late Sydenham Society. He also edited, in German, Sir Charles Bell's *Physiological and Pathological Researches on the Nervous System*, and was the author of treatises on cholera and on respiratory paralysis, and of various contributions to the periodicals. For some years before his death he had symptoms of heart disease.

The Michigan State University.

To answer numerous inquiries the following preamble and resolutions were passed by the Board of Regents of this institution

WHEREAS, The Legislature of the State of Michigan at its last session re-enacted the law of 1855, requiring the appointment of Homœopathic Professors in the Medical Department of the University; and, whereas, it has always been claimed by the Board of Regents that the law was an infringement upon the rights and prerogatives of the Board; and, whereas, the Supreme Court of the State has refused to grant a mandamus requiring the Regents to comply with the law, thereby substantially confirming their action therefore,

Resolved, That we maintain the position heretofore taken, and decline to make the appointments required by law.

Resolved further, That we do this in no spirit of factious opposition to the apparent will of the Legislature, but because we believe the true and best interests of the University demand it.

Resolved, That we re-affirm the former action of the Board expressing a willingness to take official charge of an independent school of Homœopathy, and connect it with the University, whenever the means shall be provided for the payment of its professors.

The Cholera.

The present epidemic seems to be approaching both by the Mediterranean and north Europe route. It has spread through Turkey and the Levant since November of last year (1871), and has spread over Northern Russia to St. Petersburg, where it has existed since July 13; it was reported in October in Dantzig and Dresden, and is now stated to be at Hamburg, from which port it has been twice introduced into England. Although the Baltic ports are or soon will be closed, yet the other routes are open, and the increase of commerce with the Mediterranean involves an increase of liability, so that England cannot expect to ward off the disease for a longer period than formerly, and it is not improbable that its spread to Ireland and this country may even be more rapid than formerly.

Faithful Inspection Necessary.

The New York *Daily Times* says:—The work of the sanitary squad and the Board of Health is said to be well done in this City. So far as the vulgar eye of ordinary humanity can penetrate, that is so. But there is, according to the statements of the Fourth Ward medical practitioners, at least, a terrible hidden nest of pestilence in its tenement-houses; worse, even, than ever before. The Board of Health and the police have their officers and detectives patroling the streets, lanes, and alleys, to arrest violators of the Sanitary laws, and, so far as the open infraction of them are concerned, the officers succeed. The streets look clean, gutters are free from garbage and refuse, there are no barrels or dust-pans on the sidewalks, because the boys who swarm in the neighborhood would steal them. Outside all looks well, but inside the close, confined, badly-ventilated rooms are worse than ever. The doctors say that the pails of filth and refuse, which the denizens of the garrets, basements, and hall rooms used to empty into the street, are now kept in-doors for fear of the police, and as in many of these terrible rookeries there is no provision made for the removal of deposits of dirt, except that furnished by the streets and gutters, the pails remain unemptied in holes and corners all day, festering and breeding pestilential vapors, until night comes and allows the wretched inmates to steal out and get rid of the nuisance.

New Hampshire Medical Association.

On July 16th the White Mountain New Hampshire Medical Association met at the Lancaster House. A number of the fraternity were in from Coos and Grafton, and some visiting brethren from Essex and Caledonia counties, Vermont. There were about twenty-five present. Dr. John McNab, of Woodsville, New Hampshire, who is nearly ninety years old, and is President of the Association, was present.

The True Surgeon—An Anecdote of Nelaton.

Speaking of a visit to one of the Paris hospitals, a writer says: "As we passed into the hall we heard groans, evidently of a child in great pain. The door leading to the sick ward was ajar, and as we approached we heard the voice of a man talking earnestly with a little sufferer. There was something very affecting in the imploring tones of the child's voice and the tender and sympathizing replies of the physician, and it seemed to us no breach of etiquette to witness unseen through the crack of the half open door the scene that was passing within. On a narrow pallet near the window lay a fine boy, nine or ten years old, dying of cancer developing itself between the eyes and behind the nose. It had not shown itself externally, but had destroyed the sight, and was attended by excruciating suffering. By his side sat a stately white haired man holding with one hand the two of the little patient, while with the other he caressingly smoothed his hair. The child told the story of his pain. '*Ah je souffre tant!* to which the old man listened patiently, promising to devise some relief. Then he rose to go, but first bent over the boy, and with tears dropping from his eyes kissed his forehead as lovingly as a mother. The white haired man was the world renowned Nélaton; Nélaton lately summoned to attend the fallen Emperor."

The Quincy, Illinois, Medical College.

Some time past a project had been set on foot by a number of leading medical gentlemen for the establishment of a Medical College in Quincy, Illinois. The necessary documents have been received from the Secretary of State authorizing a committee appointed for the purpose to act as commissioners to open books to the capital stock of the Quincy Medical College, the capital stock being fixed at $50,000. The commissioners were also authorized to draft the necessary rules, etc., and when ready to report; a meeting of the stockholders will be held, when trustees will be elected and the faculty appointed. It is intended to have the institution in operation this fall.

The "Black Doctor."

Our readers will remember that some years ago a miserable character, by the name of Vries, calling himself the "Black Doctor," was reported as performing most miraculous cures in Paris, where he created a great sensation. He has just died in great destitution, without leaving money enough to pay his funeral expenses.

Dr. Charles T. Jackson,

The eminent chemist of Boston, has been taken to the Insane Asylum at Somerville, Mass. Dr. Jackson was one of the most important experts in the celebrated trial of Professor Webster for killing Dr. Parkman. It was he who suggested to Morton the use of sulphuric ether as an anæsthetic.

Reports, Catalogues, Lists.

We are under obligations to several attentive friends who have sent us, for use in the final revision of our lists, for the MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES, leaves from city directories containing lists of physicians, and in some instances for *copying* off all the names of physicians in large cities. Secretaries of Medical Societies and those connected with hospitals, medical colleges, and other public medical institutions, are reminded that it is for the *interest of their members and institutions* to give us complete information in regard to them. Many physicians, not appreciating the importance of the work, it being something new in this country, neglect replying to the circulars sent them, and they will have an equivocal standing in the Directory, unless by our researches we succeed in placing them "right on the record."

At this time we have the following Directories:—Washington, D. C., San Francisco, Chicago, New Orleans, Cincinnati, Jersey City, New York City, Buffalo and Rochester, N. Y., Cleveland, Ohio, St. Joseph and Kansas City, Mo., the New York and Chicago Medical Registers, and a list of the homœopathic physicians of Illinois.

QUERIES AND REPLIES.

Natural History.

Dr. A. D. B., of Pa.—Works on Natural History are so numerous that it is impossible to recommend any one which covers the entire field. You had better buy separate works on the several branches.

Honorary Degrees.

We reply once more, and we hope finally, to inquiries how to obtain "honorary degrees," that no respectable regular school grants them on application without actual attendance. They are not on sale, so far as we know. And if they were, and we knew it, we don't intend to deal in them.

Porous Splints.

Dr. F. R. B., of Pa.—We think very highly of the Porous Splints, but we have no agency for them. Write to the inventor, Dr. DAVID AHL, *Newville, Pa.*

Ship Surgeon.

Dr. D. W. A., of Miss.—There are generally opportunities to go as surgeon on emigrant ships between New York and Europe, but such positions can only be obtained through personal application, as no examination is required, and it is merely an appointment by the ship owner or consigner. The pay is small. Perhaps by visiting our leading seaports and using your references you can obtain such a position. We have ourselves no direct opportunities to assist you, or we would willingly do so.

OBITUARY.

DR. SAMUEL B. MOSES.

Dr. MOSES was born in Exeter, N. H., October 17th, 1826. He was prepared in the celebrated Philip's Academy, of his native town, for admittance into the William's College, Mass., where he graduated. In 1850 he came to Tennessee, resided for a year or two in Knoxville, then moved to Sumner county, where he taught school with marked success for about eight years. In 1862 he returned to Knoxville with his health somewhat impaired. In the fall of that year he entered the medical department of the University of Virginia, and at the close of a single course of lectures received the degree of M. D.

Immediately after his graduation the strong recommendation of the Faculty of the University secured for him the appointment of Assistant Surgeon in the hospital in the vicinity, where he remained until the close of the war. Soon afterwards he went to New York, where the position of Resident Physician of the Woman's Hospital of that city was tendered him. He accepted the place and held it for twelve months; the confinement and labor being too severe for his health he resigned it and went into a general practice. In 1869 his friends solicited him to return to Knoxville, where he has since resided, arduously engaged in the duties of his profession.

Dr. MOSES was twice married; first to Miss Sarah J. Arnold, of North Adams, Mass., who died in Sumner county, Tenn., in 1861, and whose remains were, in accordance with an ardent desire she expressed in her last sickness, brought to our own cemetery for burial. His second wife, formerly Miss Bettie Overton Brown, of Charlottesville, Va., and one child, now survive him.

MARRIAGES.

GRAHAM—RITCHIE.—July 11th, by the Rev. William Greenough, John Graham, M. D., and Emily Harris Ritchie, both of Philadelphia.

JACOBI—PUTNAM.—On July 22d, at the City Hall, New York, by Mayor Havemeyer, Dr. Abraham Jacobi and Dr. Mary C., daughter of the late George P. Putnam.

WALLACE—MACLAY.—June 10th, by the Rev. J. A. Crawford, Thomas H. Wallace and Emma C. Maclay, youngest daughter of Dr. C. T. Maclay, of Green Village, Franklin county, Pa.

DEATHS.

ATLEE.—At Wilmington, Del., after a short illness, Lauren, youngest son of Dr. W. L., Jr., and Annie Atlee, of this city, aged 7 months and 5 days.

FAUGHT.—In this city, July 21st, Dr. S. B. H. Faught, eldest son of L. R. and M. J. Faught, in the 21st year of his age.

LINDERMAN.—At her residence, in South Bethlehem, Penn., July 22d, Lucy P., wife of G. D. Linderman, M. D., and daughter of Hon. Asa Packer.

LUDLOW.—At the family residence, Cincinnati, July 15th, of consumption, Maria Van Matre Ludlow, wife of Dr. John Ludlow, in the 36th year of her age.

PETERS.—In Brooklyn, July 19th, 1873, Emily Louisa, daughter of Surgeon Dewitt C. Peters, United States Army, aged 8 months and 13 days.

ZABRISKIE.—In Flatbush, N. Y., July 19th, Ida Garvin, infant daughter of Dr. John L. and Eliza B. Zabriskie.

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I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M. D., *Lincoln, Ill.*

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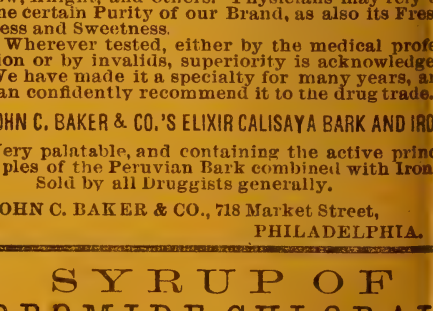

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THE

MEDICAL AND SURGICAL REPORTER.

No. 858.] PHILADELPHIA, AUGUST 9, 1873. [Vol. XXIX.—No. 6.

Original Department.

Communications.

FLEXURE OF THE UTERUS.

BY E. N. CHAPMAN, M.A., M.D.,
Late Professor of Obstetrics, etc., in the Long Island College Hospital.

The internal genitalia are, during their sexual activity, not only unlike other organs of the body, as regards structure, function, and pathological states, but are, also, at one period of life unlike themselves at another. Even at the same period, the menstrual age, the lines of demarcation between a uterus that has been, and a uterus that has not been impregnated, are broad and well defined. Pregnancy, by awakening the slumbering germs, develops nerve-tubes, blood-vessels, and muscular fibres, and so changes the vital status of each tissue that the morbid processes to which multiparæ and nulliparæ are liable are unlike in many essential particulars. Wherefore, to study the diseases and displacements of the uterus knowingly, the ante-menstrual, the menstrual, and post-menstrual ages ought to be carefully discriminated, as also the fact whether the genitalia have or have not fulfilled their great and crowning office—the development of the fœtus—for which they were so curiously and singularly fashioned.

In childhood the genital organs are rudimentary, and hence are exempt from disease, and exert no influence on the economy; in old age they are atrophied, and hence are freed from congestion and its attendants, by the abolition of function, but are open to the inroads of structural changes that are apt to arise in the wear and tear of vital activity; in the intermediate age they are fully developed, and hence are fitted to be the seat of the periodic evolution that induces the monthly congestion and hemorrhage; and in the gravid state they are impressed by the life imparted to the ovum, and hence are the theatre of congestion and growth, and then of retrocession and rehabilitation, in such wise that the old uterus is removed and a new one substituted in its place. These unique transformations, following conception and delivery, which could not be guessed at by the most accurate knowledge of the genitalia under other conditions, much less that of other organs, are confined almost wholly to the body of the womb, the neck taking little, certainly no greater part in the matter than the vagina, Fallopian tubes, or round ligaments. This statement is easily verified at a late period of pregnancy, and particularly at the accession of the first stage of labor, when the soft, flabby cervix, having a nipple-like projection, is found to be bounded above by a distinct band of muscular fibres that belong to the corpus and form a veritable sphincter. The cervix, therefore, is an accessory organ to the true uterus, and plays an inferior role, one scarcely higher than that of the vagina, in the vital evolutions pertaining to menstruation and utero-gestation. Thus it appears that not only different stages in the life of the uterus are unlike, but also different parts in its structure.

Inasmuch as the body and neck of the uterus, though intimately joined together, are, to all intents and purposes, two distinct organs, any defect of structure, either original or acquired, would necessarily be found

at the point of union. At puberty there might be a failure of development, and on delivery a defect of involution, and thus in nulliparæ there would be a flexure from malformation, and in multiparæ from fatty degeneration. The involution attending the removal of congestion and hypertrophy, the result of benign disease, may possibly be followed by inflection, as all the conditions are favorable to the production of this deformity. Moreover, in young girls flexure is a congenital peculiarity, and in old women a climacteric change from atrophy. From these anatomical and physiological data, it is probable, if not certain, that anteflexion and retroflexion are simply accidents in the advancing or receding vital tide to which the uterus is subjected, and that the bending takes place in the intermediate tissue between two analogous but varying structures, a part less highly organized than the one or the other.

It is claimed by most authors that the utero-vesical and the utero-sacral ligaments form, where they unite at the supra-vaginal portion of the cervix, a fixed axis of suspension, and, also, that the vagina, which surrounds and blends with the cervix at the same point, forms a stiff, curved stem by the apposition of its muscular walls, that securely poises the uterus at a certain altitude in the pelvis. Consequently, the cervix is, at the point where these supports unite, both securely slung and braced in position, whereas the corpus is left free and movable. Now, should the pressure of the intestines, or of an abdominal tumor be brought to bear on the anterior or posterior face of the uterus; should a fibroid increase the weight of one side, or should peritoneal adhesions cause traction in a certain direction, an inflection might, according to the force applied, occur suddenly or slowly at the narrow, fixed point, the axis of suspension. The uterus, it is authoritatively stated, is easily bent on itself, and as easily restored to its original shape. Hence a flexure, when recent, is promptly rectified by the pressure of the finger against the fundus, or, this expedient failing, by the leverage of the sound in the uterine cavity. Subsequently, a prolonged decubitus, on the back or abdomen, will insure a complete and permanent cure. In cases of long standing or great obstinacy, the obstruction is almost certain to be removed by the dilatation of the inner cervix, and the deformity by the use of Hodge's or Simpson's pessary. These means being unsuccessful, the knife is competent, beyond a peradventure, to deal with the stricture, as by its use the os internum may be enlarged to the desired extent, or even the cervix divided to its vaginal attachments. The theory above given, as to the cause of flexure—the strength of the bands tethering the cervix, the rigidity of the vaginal walls propping the uterus, and the facility with which a dense, almost fibrous tissue is doubled together—is but a creature of the brain, the offspring of a heated imagination. Such wild fancies might be tolerated as affording ample scope for the higher intellectual powers of learned authors, were it not for the little good bestowed and the great harm inflicted on womankind by these hazardous modes of practice. The treatment of Dr. J. H. Bennet, which consists in burning away and melting down ulcers and indurations, is bad enough, but that of younger specialists, which carries the war into Africa, and with knives, dilators, steel rods, corroding acids, et altera, is abominable, discreditable to a learned profession, and contrary to all that is known of the physiology and pathology of the genital organs.

On these points the testimony of Dr. J. Matthews Duncan,* who "has used all these means of dilatation, and has been most extensively a witness, directly or indirectly, of their employment by others," is noteworthy, inasmuch as it shows that light is beginning to break in upon the darkness. He says, "The stricture or mechanical obstruction is not demonstrated. The disease (dysmenorrhœa) is a common one; yet, on examining the uterus, its canal is, with rare exceptions, found to be as patent as in healthy women, or as in women who have no dysmenorrhœa."

"The cutting instruments and tents used in dividing or dilating the supposed obstructing part or stricture are so large as to be available only when there is no stricture. Their use is itself proof that the mechanical theory is erroneous, or that mechanical obstruction does not exist." As to results, he states that they "may be summed up in a few sentences." "Not unfrequently the means hitherto spoken of produce a complete cure for one period; and this is no gain, because the pain (not to speak of the danger) of the operation is a set-off against it. Rarely their beneficial effect is more lasting,

**Edinburg Medical Journal*, May, 1872.

the cure being partial or complete. Not very rarely they have caused death, either by hemorrhage or by inflammation. Very frequently they have caused cervical catarrh, endometritis, parametritis, perimetritis, ovaritis, with all their attendant ills. Frequently they have aggravated the dysmenorrhœa. In short, their use has been most unsatisfactory. So much has this been the case that, in common with those friends on whose experience and judgment I have most reliance, I have been reluctantly forced in the meantime to discontinue the use of a most promising remedy for a most painful disease." Though thus questioning the theory, practice and results of uterine surgery, still Dr. D., for the want of some better method, falls back "on the oldest of all, one nearly forgotten in the crowd of its modern rivals." "Even of it," he says, "I would not wish to be thought to speak definitely." "This method certainly causes much pain; but if it do not cure, it appears to me to cause, in the very great majority of cases, no injurious inflammation."

A simple flexure is represented to be the occasion of many and dire pelvic troubles, pressure on the bladder or rectum, and thence of irritability or even inflammation of these organs; obstruction to the circulation, and thence of metritis, endometritis, etc., and stricture at the inner os uteri, and thence of dysmenorrhœa, hyperæsthesia, and every other uterine symptom; whereas, if the writer may trust his clinical record, it is a mere deformity, and gives little or no sign of its existence, unless complicated with an unnatural fullness of the erectile vessels, and, consequently, swelling of the mucous membrane and spasm of the inner and outer ora uteri. At least it is certain that many women are unaware, as far as their feelings are concerned, of this distortion and displacement, and are free from any menstrual disorder.

The body of the nulliparous, unlike that of the multiparous uterus, does not, when congested, become hypertrophied, and its cavity expanded, nor the neck enlarged and the ora uteri relaxed. On the contrary, all the tissues retain their original density, by which means the nerves become more irritable, from the pressure to which they are subjected, the corporeal and cervical cavities more narrow, from the condensation of their walls, the inner and outer ora uteri more closed, from the spastic contraction of their sphincter muscles, and the ovarian and vaginal veins more implicated, from the greater influx of blood at the periods. Under circumstances such as these a stricture will be occasioned, by the outlet of the womb being diminished, dysmenorrhœa, by the blood being forced through a sensitive passage, and sterility, by the ingress of the spermatozoa being prevented. In addition there is more or less obstruction from the flexure, which being at the narrowest part cannot fail to lessen still further the calibre of the cervical canal. More important than all these physical impediments, there is an exalted sensibility of the nerves that often renders the uterus intolerant of the slightest touch. This keeps up a constant activity of the arteries, and an unnatural repletion of the erectile vessels, and thus, secondarily, prevents any means directed to the removal of the stricture from accomplishing its object. This remark holds true even when the obstruction is, originally, mechanical, as from bending and narrowing of the cervical canal at the site of the flexure, inasmuch as all the morbid states arising from congestion are speedily superinduced.

If, therefore, the pathology of uterine disease and flexure, as well as that of stricture, sterility, and dysmenorrhœa, be fairly rendered above, then it necessarily follows as a legitimate deduction that the mechanical and surgical treatment so generally in vogue will not only be of no avail, but will be fraught with imminent hazard to the patient. Living structures are not masses of dead matter to be moulded at will, as the potter fashions the clay, but parts of an organism, subject, in health, to fixed physiological laws, and in disease to equally fixed pathological laws. The only true plan is to remove the cause, the permanent fullness of the erectile vessels, and thus give Nature, who alone works the cure, the chance to right herself. This being accomplished, the cervical canal will, in most cases, be restored to its proper calibre, and the disorders due to stricture wholly removed. Even a marked flexure is not an exception to this rule. If, however, the stricture is primary, the cervical canal should, as far as the upper margin of the inner os uteri, be cautiously and moderately dilated with tents whilst the treatment for the congestion, existing previously, or lighted up by the dilating force, is in progress. After using the tent it should not be again introduced until by puncture

and scarification the parts have resumed their natural appearance, and after discontinuing it a stimulant application should be made to the Nabothean glands until their secretion is reduced to the normal quantity. The views, practice and success of the writer is more fully illustrated by the history of the following cases:—

Case 1.—Mrs. W., about 28 years of age and married several years, came under treatment December, 1869. Her general health is perfect, and no uterine symptoms are present during the intermenstrual interval. Her courses, however, that appeared at the usual age and have always been of the same character, are, though regular, mostly mucous, being merely stained with blood from twenty-four to thirty-six hours, and are preceded by and attended with severe dysmenorrhœal pains. At such times, she is so indisposed with feverishness, headache, and the like, and so distressed with dragging, forcing feelings in the back, through the hips and down the pelvis, as to be obliged to take to her bed, and resort to foot-baths, hot drinks, gin slings and other domestic expedients to relieve her sufferings and increase the discharge. The chief thing, however, that led her to seek for advice was the unfruitfulness of her marriage, a matter that weighed heavily on the minds of both husband and wife.

On examination by touch, palpation and speculum, it was found that the uterus was by a half smaller than usual, and bent forward on itself at the junction of its body and neck, but located in its normal position; that the cervix held its proper relation to the pelvic axis, was unchanged in form but diminutive in size, and showed no signs of disease excepting a slight augmentation of color; that the os uteri was contracted and surrounded by a narrow red margin; and that the vagina was neither inflamed nor occupied by any secretions, either mucous or serous. Pressure being made at the hypogastrium downward and backward, by the left hand, the right index finger carried along the anterior face of the cervix met a round, smooth body, the corpus, projecting forward at a gentle curve. Posterior to the cervix, the corpus could not be reached, as would not be the case in a well formed uterus when the left hand is so placed as to throw the fundus toward the sacrum. By pressing the cervix in various directions, and tilting it upward, the uterus was found to be very movable and of small bulk. The diagnosis was easily made without the aid of the sound, which was only used to test the capacity of the cervical cavity. A point of doubt, however, might have been raised as to the nature of the prominent mass in which the cervical curve terminated. Had it been a fibrous tumor, the womb would have been enlarged, its posterior wall within range of the finger, and menstruation too frequent and copious. The conclusion, therefore, was arrived at that this was a case in which the uterus, retaining more or less its fœtal shape, failed to fully develop at puberty, and also, that in all probability the other genital organs were equally at fault. For this reason it was not promised to remedy the sterility, but only to remove the obstruction to menstruation and conception that existed in the cervical canal, and thus awaken a greater functional activity in the uterus.

This patient was seven months under treatment, and underwent fifteen operations. At first a small laminaria tent was introduced as high as the uterine portion of the os internum, and allowed to remain until the next morning, when the patient was directed to remove it by traction on a string, attached to its blunt extremity, and hanging externally. As the dilatation advanced, a sponge tent, similarly armed, was employed in the same way. These tents, that constituted the main treatment until the cervical canal became moderately opened, were not applied oftener than every second or third week, and were always discontinued until the congestion awakened by the pressure had disappeared spontaneously, or been dispersed by the local loss of blood. When, by this management, the calibre of the cervix had been brought to the normal standard, a stimulating solution of the nitrate of silver was applied to the Nabothean glands, and the labia uteri were scarified until the mucous membrane was restored to its natural color, and the leucorrhœa, lighted up by the tents, was removed.

As a result, the menses became more abundant, the discharge having a deep red color and lasting from two to two and a half days, and less painful, the general and local disturbance scarcely amounting to more than most women are wont to suffer at such times.

June, 1873.—Mrs. W. has, since under treatment nearly three years ago, remained

quite well in every respect. The dysmenorrhœa has not returned, and the menstruation, though not as free as at the close of the operations, still continues some twenty-four hours longer, and presents an appearance more sanguineous than formerly, a favorable change, due undoubtedly to the permanent removal of the stricture. From the defect in the development in the body, but not in the calibre of the neck of the uterus, impregnation has not taken place. Perhaps, also, the ovaries and fallopian tubes are equally at fault, as is usually the case when the organization of the uterus is imperfect.

Case 2.—Mrs. H., æt. 24, married six months and never pregnant, placed herself under treatment April 27th, 1867. She is thin, pale and weak, and has a poor appetite and an imperfect digestion. Her courses, which appeared at 14, and thereafter returned regularly, have from the start been attended with such severe pain as to necessitate her to take to her bed and resort to various expedients for its relief. This pain, since marriage, has become intense and expulsive, and the discharge excessive and clotted. The pelvic suffering abates when the menses have become fully established, and disappears when they have completely subsided. During the interval there are no uterine symptoms, not even a leuchorrhœa.

By touch, it was found that the womb presented nothing abnormal excepting a bending forward of the body on the neck; by speculum, that the os externum was contracted and surrounded by a bright red margin, but not otherwise altered in appearance; that the cervix retained its usual size, firmness and color, and that the vagina was not inflamed nor occupied by either a mucous or a erous secretion; and by sound, that the capacity of the inner cervix was deficient both from lack of development and from swelling of the mucous membrane.

From the history of the case and the facts elicited by examination, it appeared that the obstruction was in part structural, since the dysmenorrhœa took its rise at puberty, and in part congestive, since relief came with a free show, or, at least, during its continuance; that the disease was not such as to present notable signs of its existence to the finger or the eye, as for example, hypertrophy, hyperæsthesia, erosion, leucorrhœa, etc.; and that the erectile vessels of the corpus and fundus uteri were, probably, overfull at all times, and yet not to a degree sufficient to occasion the usual pelvic symptoms, but only to determine an excessive nervous and sanguineous excitement at the periods, as shown by the flow being copious and clotted.

The diagnosis, therefore, being made that the original fault lay in the narrowness of the cervical canal, presenting such an impediment as to induce primarily dysmenorrhœa, and secondarily congestion and menorrhagia, it was thought necessary, in order to eradicate the root of the evil and establish the uterine functions on a healthful basis, first to dilate the stricture, and then to subdue the congestion. These two indications being fulfilled, the opinion was held that the menstrual disorder would disappear, and the cure be accomplished even though the flexure were wholly neglected, consequently, at the first stage of the treatment sponge tents were passed through the external to the internal os uteri, and at the second the scarificator and the nitrate of silver in solution were employed.

In June the menses were normal, but in July, painful, light colored, and present three days only. The canal remained sufficiently open, and yet the congestion, as shown by the redness of the cervical and vaginal mucous membranes, was greater and more extensive. This apparent increase of the disease is almost always observed when, during treatment, the flow suddenly becomes scanty instead of copious. It would seem that the reduction of the congestion so lowered the irritability under which the flow had previously been excited as to disturb the intensity of the monthly molimen, and prevent a proper depletion of the erectile vessels. A steady perseverance in the treatment, however, relieved these vessels, and gave Nature the time to resume operations on a normal basis.

A leech was now applied, and then the scarificator and the nitrate of silver were resumed until the patient was dismissed cured, September 16th, 1867. She was requested, however, to return should she experience the slightest twinges of her old pains.

The constitutional treatment being limited to remedies calculated to correct the secretions, strengthen the stomach, and enrich the blood, did not, except incidentally, contribute to the ultimate result.

August, 1873. Mrs. H., who was treated

six years since, has in the meantime become fat, florid, strong, and active, and still remains free from uterine symptoms. The dysmenorrhœa, even, has not returned. The flexure, which has been an effectual barrier to impregnation, renders the exit of the blood somewhat more difficult than is the case in a well developed uterus, but not more so than is observed in many women whose health is in every other particular perfect.

Case 3.—Mrs. C., æt. 23, the mother of two children, but never the subject of a miscarriage, came under treatment March, 1867. Her health has been bad since the first labor, and very much worse since the second. She is weak, nervous, and dyspeptic, and suffers from loss of appetite, disorder of the liver, and torpor of the bowels. The courses return every three weeks, last two or three days, and are scanty, but not painful. In the interval a free, thick, and white vaginal discharge is present. There is, on standing, an uncomfortable sense of weight and pressure at the vulva, and, on exercise, particularly when any sudden effort is made, an escape of urine in drops or jets. A dragging, gnawing pain starts in the back, and thence passes forward to the iliac regions and downward to the thighs, as far as the knees. At the brim of the pelvis there is great tenderness, more especially on either side, where, also, there is fullness and elasticity.

Examination by Touch in Recumbent and Semi-recumbent Postures.—The bas fond is pressed into the vagina; the neck carried toward the upper part of the sacrum; and the body thrown upon the apex of the bladder. The finger, passed along the cervix anteriorly, meets with the corpus, which is greatly depressed, much enlarged, and gently anteflexed, but, posteriorly, loses the line of the uterine walls. By forcing the cervix forward, and thus carrying the fundus backward, the womb is found to be very movable, somewhat enlarged, and excessively sensitive. The enlargement and sensibility are more apparent when the finger strikes the corpus as it lies depressed on the bladder.

Examination by Speculum.—The cervix and vagina present a normal appearance, and the os uteri is unchanged with the exception that it is bounded by a red margin and filled with an albuminous secretion.

From the facts as elicited above, it appeared probable that, following the last labor, the disease was induced by imperfect involution; the flexure, by fatty degeneration of the anterior cervical wall; the hypertrophy by the repletion of the erectile vessels; the anteversion by the greater weight thrown on the bladder; the hyperæsthesia by the more active circulation irritating the nerves; the perversion of the menses by the irritability of the genital organs; and the leucorrhœa by the congestion of the cellular meshes in which the Nabothean glands are imbedded. The opinion, therefore, being adopted, that the excitement of the arteries and the fullness of the veins of the uterus was the primary and ever present morbid element, the one from which all others were derived and sustained, the treatment for its removal was, to the exclusion of all minor issues, perseveringly followed until the cure was accomplished.

During the six months whilst the operations were continued leeching was employed two, scarification and puncture five, and scarification and the application of the nitrate of silver four times. At the first operation, the knife drawing but little blood, an amount insufficient to relieve the uterine veins, its place was supplied by a leech, until, by the reduction of the intensity of the congestion and the irritability of the nerves, it was possible by scarification and puncture to secure the requisite flow. As the hypertrophy and hyperæsthesia decreased, the supersecretion of the cervical glands was the chief disorder remaining. Now depletion of the os uteri by scarification, and stimulation of these glands by a solution of the nitrate of silver was employed as long as the inner cervix showed signs of an over-active circulation. Eventually the woman was free from every pelvic symptom, and had no feelings other than those she formerly experienced when in perfect health. This result was secured notwithstanding the uterus was still anteflexed and anteverted, and the bladder indented and depressed. The weight being lessened, the tenesmus removed, and the pelvic circulation reduced to its normal volume and rapidity, no inconvenience was occasioned by these displacements.

The general remedies given consisted of mercurial purgatives, saline laxatives, vegetable bitters, and ferruginous tonics.

October 28th, 1867. Mrs. C., returning, as requested, a month after dismissal, reported that the menses, which became natural as early as last June, were present two weeks ago, and that her health, as far as she knows,

is now completely re-established. As this patient has not been heard from since, it is presumed that the cure was permanent.

Case 4.—Mrs. G., about 33 years of age, the mother of several children, came under treatment August 21st, 1862. Previous to the last menstruation, that took place two months since, she was free from all bodily ailments; but subsequently she began to be annoyed with the usual symptoms of pregnancy, and in a week or two to suffer from gastric, hepatic, and intestinal disorders, and cystic, uterine, and rectal irritation. This irritation showed itself by pain in the lumbar and iliac regions, pressure down the pelvis, difficulty in urination, and obstruction of the rectum. These local sensations each day increasing in severity and adding to the constitutional disorders, became, eventually, so distressing as to forbid the assumption of the erect posture, and demanded the use of opiates to quiet the pain and procure sleep.

On examination by touch the uterus was found to be three times larger than normal; the corpus bent sharply backward at its junction with the cervix; the fundus depressed below the promontory of the sacrum; and the cervix carried against the bladder. The parts had an increased temperature, the body of the womb was very sensitive, and great pain attended the manipulations, though practiced with extreme caution and gentleness. The uterus was movable, and the fundus easily raised above the promontory by pressure of the finger at the roof of the vagina, but the abnormal position was immediately resumed on the support being withdrawn.

It was proposed in this case to meet the general and local symptoms with appropriate palliatives, and leave the displacement to the physiological changes in progress. By this plan it was hoped that the fundus would, if gently elevated now and then above the projecting ledge of bone, soon maintain its proper position, that the pregnancy would, if this attempt was successful, proceed to the full term, and that the flexure would, if the involution after delivery took place normally, be radically cured. Everything was progressing not unfavorably, and the object aimed at seemed at least within the range of possibilities, when on the first of September, through the inportunity of friends, the husband summoned an eminent professor of New York in consultation. The Professor insisted in a peremptory manner that it was absolutely necessary, if we would escape the most imminent danger, to restore and support the body of the womb above the sacral promontory. This he said could be certainly and effectually accomplished by Meigs' watch-spring pessary. Against this proposal were urged the tenderness of the womb, the weight to be supported, the improbability of success, the danger of inducing abortion, etc.; objections that to the writer's mind were unanswerable. These, however, being overruled as groundless, the council was requested to replace the uterus and adjust the pessary, in order that no fault might be imputed to the operator and no responsibility incurred by the dissenting party. The instrument was arranged three times within a week, but it was always found at the next visit turned edgewise, and the fundus in its old position. At the third trial, when considerable force was used, a hemorrhage was excited that resulted the following night in labor pains, and the next day in the expulsion of the fætus. The patient was very ill at the time and for several weeks thereafter. Indeed she barely escaped inflammation and the dire results that always wait upon it when attacking the uterine organs.

Subsequent to the worse than failure of the mechanical theory, the patient, whose confidence in the heroic style of practice was shaken, declined further consultations, and resigned herself wholly into the writer's hands. The abortion having taken place, the attention was directed not to rectifying the mal-position, but rather to promoting the involution, under the confident expectation that little or no inconvenience would be experienced from the flexure when the womb had returned to its original size. To this end every means were used to encourage a free lochial discharge, so that the uterine sinuses might be discharged, to allay the pelvic irritability, so that the arterial influx might be checked, and to shift the line of gravity, so that the pressure of the intestines on the fundus uteri might be removed. Hence, fomentations, diaphoretics, enemata, exclusion of company, opiates by mouth and rectum, and confinement in bed on either side, were enforced for a length of time, and then this plan was, as the symptoms improved, gradually changed for one calculated to quicken the digestion, strengthen the nerves, and enrich the blood. This patient

had recovered so completely November 1st as not to require further attendance, but she was still under observation at various times when the children required medical supervision. The tonic treatment was continued until her health had regained its usual standard, and the uterus resumed its normal functions. At this date riding, walking, or even severer exercise provoked scarcely more pelvic discomfort than is common in the majority of females who are unconscious of any uterine ailment; and, though the retroflexion was as sharply defined as at first, and the only difference observable was the return of the uterus to its normal size, sensitiveness and mobility, yet there existed no irritability of the bladder, obstruction of the rectum, disturbance of the menses, distress in the back and hips, or other signs indicative of a distortion and displacement that are, in the opinion of many, always attended with the most serious evils.

This patient, to the knowledge of the writer, did not experience any inconvenience from the retroflexion the two years previous to her removal from the city, nor, according to the report made by her husband the past summer whilst here on a visit, the eight years subsequent. She, however, had not since become pregnant.

MENTAL ATMOSPHERE: DOES IT INFLUENCE THE PROGRESS OF DISEASE?

BY T. D. CROTHERS, M. D.,
Of Albany, N. Y.

It is a well-known fact that the mind is capable of taking on different impulses and conditions from the impressions produced by the surroundings. Thus an exhibition of great anger will arouse similar feelings among the bystanders, a loud, joyous laugh will produce good humor, or a long, painful moan send a feeling of sadness about. In the workshops of large prisons, where convicts are laboring together, this fact is recognized practically in the cool and perfectly quiet manner of removing refractory men from the rest. Great care is manifest to show no passion or violence before the convicts, for fear of provoking like feelings in them. A passionate orator or actor may rouse up, exalt, or depress the feelings of the audience by a representation of similar emotions passing through his mind. This is produced by appeals to the senses, and often without any reference to the reason. Whitefield was said to cause alternate sorrow and laughter in the pronunciation of the word Mesopotamia. These varied feelings do not depend alone upon the sense of hearing or seeing, but upon the presence of some mysterious mental force, whose influence we are conscious of every day. For instance, the general depression which follows from any calamity or epidemic does not always arise from a sense of alarm or fear; the presence of a funeral makes itself felt, although we may not see the body or the mourners. Many men are able to recognize the tone of mind prevailing in a company, without a look or word to indicate the condition. A gentleman, hunting in the interior, returned to the city one morning, after an absence of a week or more. He remarked to his companion, "There is some great calamity; I feel it in the air and on my spirits." This was the morning after the assassination of Lincoln. This gentleman had no knowledge of the event at the time. It is a common thing to hear persons complain of being unable to sleep for a long time after hearing the fire bells at night. Often, without any tangible reason, we receive convictions so real and positive as to cause surprise, and still more so, when subsequent events confirm them. These are but the semi-conscious influences of a mental atmosphere as subtle and varied as the impressions on the senses from the surroundings. History, both ancient and modern, are replete with instances of the power and force of this mental atmosphere in the events of life. Dreams and premonitions may be but waves of mental influence, drifting over the half-susceptible brain, and all the paraphernalia of necromancy and divination be but a keen susceptibility and recognition of the direction and force of the cerebral powers in this mental atmosphere. During the late war, in many instances, soldiers and officers, although much worn and needing sleep, were strangely uneasy and restless, without any cause. Subsequently it appeared that large bodies of men were marching in the neighborhood taking new positions. Here the presence of a disturbed mental atmosphere, from thousands of men wrought with excitement of the coming battles, was apparent, affecting those who possessed keener latent senses than others. A striking instance occurred during the fire at Boston. A gentleman of literary note had isolated

himself in the suburbs, for the purpose of study, when suddenly he became restless and uneasy, and after various attempts to resume his work, gave it up and went out in the city, where he learned a fire had been going on for many hours. Here was evidently a mental atmosphere disturbed, whose influence penetrated his seclusion, rendering him unfit for work. A parallel case occurred to the writer during the riot at New York in 1863. While walking through a supposed secure street, a gentleman in company remarked, "This is a dangerous locality," and could assign no cause for the feeling. His alarm increased with no apparent reason, until on turning a corner of the street we came full upon a wild mob sacking a building, and with some difficulty escaped. Here was a keener perception, which recognized the disturbed atmosphere of mind.

There is in this city an old gentleman, perfectly deaf, who cannot sleep near the railroad station. Although the room be darkened, yet he awakens on the arrival of every train, and cannot sleep until quiet is restored about the station. These and similar instances are not uncommon, and admit of but one reasonable explanation, viz., the presence of a power influencing the body through other and more latent senses. Pursuing this inquiry, we infer that if such an atmosphere exists, we should be able to trace its influence in disease. The following cases seem to answer this supposition, and are by no means strange and unusual: A previously strong, healthy man was rapidly convalescing from an attack of acute pneumonia. One night he awoke complaining of restlessness and unaccountable agitation. For two hours he was bathed in perspiration and unable to rest; finally he fell into an uneasy slumber, which was followed by a relapse, from which he finally recovered. After a careful exclusion of all the causes, real and apparent, the following seemed to be more than a coincident, and have some relation to this relapse. On the night referred to a fire was in progress in the neighborhood, which had excited very little general alarm, and in many instances was not known a short distance away. During the efforts to combat the flames it was discovered that two children were in imminent danger of being burned. Intense excitement was produced; no one dared to lead in the rescue; the excitement increased; finally two brave men, with great courage, succeeded in saving them. The time and duration of this excitement corresponded to the agitation of the sick man, and other details were equally exact, leaving us to infer what would be in no way startling, that this disturbed condition of mind about the scene of the fire penetrated the sick man's chamber, producing the effects mentioned. Another case seems to bring additional proof. A lawyer of note was prostrated by overwork, and by the advice of his physician isolated himself in the suburbs of a neighboring city, at the house of his brother. Here he gave all his time to music and horticulture, reading no papers, and seeing no one but the family. Two months later he had grown stronger, and was convalescing rapidly. One afternoon, while working in the garden, he became violently agitated, and a sense of profound excitement, which he could not understand, came over him. He was carried to his room and remained for many weeks feeble and exhausted. This same afternoon, at the time when he was seized, a convention was in session in his native city. After many tedious ballots, and all unexpectedly to his friends, he was nominated for Congress. The excitement was intense, and a great deal of feeling followed. He was not aware of this event for some weeks after, when he remarked, "I knew there was some cause for this change of feeling." Here no other cause would explain this relapse except that of the sudden disturbance of the atmosphere of mind. He finally recovered, but he firmly believes that the excitement of this convention influenced his weakened nervous system to the extent as mentioned above, although he was many miles away, and not aware of its meeting.

A third case of similar import came under my observation. A young man with typhoid fever, in the first stages, was observed to be very violent and delirious at two different periods during a certain evening, lasting nearly an hour. The case went on favorably to recovery with no other occurrence of delirium or marked symptoms. The delirium coming on so early in the disease, and seen but twice, with a distinct interval, in one night, was very unusual. A study of this curious phase of the disease revealed the fact that at eight and twelve on the evening of the paroxysm, when he was the worst, no noise or any circumstances to cause it were apparent, but that a political proces-

sion bearing torch-lights formed that evening at eight o'clock, a few blocks away, and returned at twelve to disband. At these times much excitement prevailed, owing to some disturbance among the men. These times corresponded to the periods of delirium in this case. For nearly an hour, at eight and twelve, this disturbance continued. This patient was delirious at this time for nearly an hour, then lapsed into sleep, from which he awoke lucid and calm. At twelve this condition of delirium returned. It would not be extravagant to suppose that this condition was produced by the violent disturbance of the mental atmosphere at the political gathering. This case was at the time in a peculiar condition to take on external impressions, hence any changes about would be felt. These cases serve to illlustrate the idea, if they do not prove the theory. It may be possible that the frequent and unaccountable changes so often met with in the progress of disease may be traced to similar causes. It is a fact well understood that we possess different degrees of nervous susceptibility, and this may extend to the atmosphere of mind, explaining why one man will be excited and another cool, under similar circumstances. Our patients may be affected in this way, hence the difficulty in tracing the cause. Isolation from noise and the excitement of business will not always produce rest. There are other elements more subtle which must be removed. The best hospitals, where the death-rate is the smallest, other things being equal, are those farthest removed from business centres. Hospitals and asylums in the large cities are unfavorable places to treat disease, because of elements not understood complicating the results. Some insane are worse on holidays, and violent from causes unknown. Sudden collapse and death occur in patients convalescing, when the analysis and autopsy gives no answer. The real causes may be in the atmosphere of mind, and the susceptibility of the body to such impressions. Every person carries with him a certain mental atmosphere, which may be felt, or be neutralized, by the presence of another. The alarm manifested by children, and the dislike which nervous persons feel in the presence of others, comparative strangers, and without any particular cause, is readily explained by the same forces. An excellent physician called in counsel with me produced a feeling of alarm and agitation on the patient's mind, and after the second visit was discharged for this reason. The patient could not explain the cause of such feelings. The Doctor has a positive temperament and a stirring business air, which to some patients may be cheering, to others alarming. What we call the whims and caprices of our patients are fluctuations in the mental atmosphere of each one. A familiar illustration is the alternate feeling of hope and despondency which we are aware of producing in the sick room.

Do sick persons feel the influence of this mental atmosphere except through the senses of seeing and hearing? We answer yes; such an atmosphere exists; the indications of its presence are as real and manifest as that of the air about us. In disease the mind is a strong controlling force, and the perturbations of its influence will either renew life or destroy it.

The impressions we receive from this subtle force in health are intensified and increased in disease. The mind has less power of resistance, and looks more in upon itself, hence is more susceptible to such changes. Attention to this subject will show an increased mortality during all seasons of excitement. Great political and social changes, calamities, epidemics, and an agitated public mind, can all be traced on the vital statistics of every city. The popularity of incompetent men in the profession, whose power in the sick room, although doing little, is almost supreme, must depend upon some latent force. The buoyancy of the patient's mind in the most adverse and depressing surroundings, and the converse in exactly opposite conditions, seem clear, if we explain them to be waves of mental force influencing the progress of disease. The epidemics at this season of the year, and the effects on the public mind, offer a wide field for the study of this power. We should be happy to receive notes of well authenticated cases illustrating this element in disease. This force of mind acting on mind has not been noticed until lately, but the extent and variety of the facts already known give promise of a wider range of treatment, and a higher plane of observation in the management of disease.

—Dr. Edward M. Snow, of Providence, R. I., has received a diamond ring from the Czar, in consideration of his services as a delegate to the Statistical Congress in St. Petersburg.

Editorial Department.

Periscope.

When to Lance the Gums.

Dr. J. L. Smith says, in his late work on "Diseases of Infancy and Childhood:"

"The gum lancet is now much less frequently employed than formerly. It is used more by the ignorant practitioner, who is deficient in the ability to diagnosticate obscure diseases, than by one of intelligence, who can discern more clearly the true pathological state. Its use is more frequent in some countries, as England, under the teaching of great names, than in others, as France, where the highest authorities, as Rilliet and Barthez, discountenance it.

"It is well to bear in mind, as aiding in the elucidation of this subject, the remark made by Trousseau, that the tooth is not released by lancing the gum over the advancing crown. The gum is not rendered tense by pressure of the tooth, as many seem to think, for, if so, the incision would not remain linear, and the edges of the wound would not unite, as they ordinarily do by first intention within a day or two. This speedy healing of the incision, unless the tooth is on the point of protruding, is an important fact, for it shows that the effect of the scarification can only last one or two days. The early repair of the dental follicle is probably conservative so far as the development of the tooth is concerned. It may help us to understand how active, how powerful, the process of absorption is, if we reflect that the roots of the deciduous teeth are more or less absorbed by the advancing second set, without much pain or suffering from the pressure. If the calcareous particles of the teeth are so readily absorbed, what is the foundation for the belief that the fleshy substance of the gum is absorbed with such difficulty? Too much importance has evidently been attached to the supposed tension and resistance of the gum in the process of dentition.

"Follicles in the period of development are especially liable to inflammation. We see this in the follicular stomatitis and enteritis so common when the buccal and intestinal follicles are in the state of most rapid growth. Does not this law in reference to the follicles hold true of those by which the teeth are formed, so that the period of their enlargement and greatest activity, which corresponds with the growth and protrusion of the teeth, is also the period when they are most liable to congestion and inflammation? This fact affords a better explanation of the frequency of the so-called laborious or difficult dentition than that it is due to the resistance which dental evolution encounters from the gums.

"If there are no symptoms except such as occur directly from the swelling and congestion of the gum, the lancet should seldom be used. The pathological state of the gum which would, without doubt, require its use, is an abscess over the tooth. As to symptoms which are general or referable to other organs, as fever and diarrhœa, the lancet should not be used if the symptoms can be controlled by other safe measures. All co-operating causes should first be removed, when in a large proportion of cases the patient will experience such relief that scarification can be deferred.

"If the state of the infant is such that life is in danger, as in convulsions, or there is danger that the infant will be permanently injured or disabled, as by paralysis, every measure which can possibly give relief should be employed without delay. In these dangerous nervous affections, therefore, the gums, if swollen, should be lanced. I know no accidents of dentition which require prompt scarification except suppurative inflammation of the gums, convulsions, and paralysis. In other cases the operation may be safely postponed till other measures have been employed."

The Treatment of Small-pox.

Dr. H. M. Jones reports an epidemic of this disease in Cork, and says in the Dublin *Journal of Medical Science*:—

Granted the truth of the germ theory of disease in such a malady as small-pox (and the power of the poisonous principle, whatever it may be, to multiply itself, or produce a given materies morbi all over the body, which results in certain pyogenic putrefactive processes); could we then find a substance which on entering the system was capable of arresting this septic process (taking that view of the word septic), or lessening the force and power of the materies morbi and the products of its dissemination in the tissues, this I would look on as an *antiseptic* in the blood, and the exhibition of remedies of this nature (in our present state of knowledge) I would call antisepic treatment.

That the use of disinfectants is imperatively called for in all forms of zymotic disease is a fact that the merest tyro in medicine knows, and each has his favorite disinfectant, and adopts various methods of employing it.

I am not speaking now of the use of such in rooms or dwellings, but also to the surface of the body, to the throat, and the several passages.

During the late epidemic I had abundant evidence of their value thus employed. The smell in the wards of the hospital was

very sickening until we made a rule to fine every nurse who had not the cover of the night chair up and the vessels half filled with permanganate solution; this was put in immediately after the vessel was used, hence it was converted into a means of disinfecting the air about the wards. The effect was marvelous; the peculiar odor nearly entirely disappeared.

I take it that the value of disinfectants in the prophylaxis and treatment (externally) of zymotic disease is settled. But I looked for your opinion of your experience of antiseptics (*internally*) in the epidemic just past. The replies I received were, save in a few instances, unsatisfactory, and certainly in the majority not favorable to this line of treatment. All are present, and they can give us the benefit of their opinions and experience in person on this important matter. For my part, my treatment of nearly all the bad cases of small-pox in hospital and in private is comprised in a few words—disinfectants largely in every possible way, antiseptics internally, stimulants (chiefly brandy in the form of egg mixture). I determined at the outset to give some one antiseptic a fair trial; all through the epidemic in hospital I selected zylol.

Save so far that the mortality in the cases in which I used the drug was low, I cannot speak much of its effects after the most careful watching.

I gave it in some 150 cases in hospital and outside; I saw some of the most malignant cases recover under its use. But some I observed without it.

I used none of it in dispensary practice, where I relied chiefly on *chlorate of potash in large doses.*

I watched carefully the cases, and I could find no material difference in any respect, save this, that I became impressed with the belief that to a certain extent it modified the force and severity of the symptoms *in* or *about the eleventh or twelfth days*, the period of secondary fever. I do not think that this was imagination on my part, for I several times had full opportunities of contrasting the course of the disease at the same time in patients who were and were not taking zylol.

I have no object save to give you my experience, a pretty large one, of this medicine. I gave it in ten and fifteen drop doses every hour and every second hour, with spirit of chloroform and mucilage.

I can also assert that I saw patients apparently sinking under the disease, improve on the administration of this drug; to others it appeared to give no relief whatever; on the contrary, on account of its unpleasant taste and effects on the stomach, I was obliged to discontinue it.

On the whole, my experience of this plan of treatment has been such that I would, under certain circumstances, and dependent on the class of case, pursue it again; but I believe that in small-pox, as in other diseases, no fixed plan of treatment can be laid down, but that he will best guide his patient to a successful issue who, while he supports the vital powers by a careful administration of nourishment and stimulant, watching complications, administers drugs with a sparing hand, and while I look on antiseptics (so-called) in a most favorable light, I do not believe that they possess all that boasted power over this disease which some would have us believe. The treatment of the complications and sequelæ it is unnecessary for me to allude to. Any points of interest in these matters will be elicited in the subsequent discussion. I found the greatest benefit follow (in the earlier stages of the eruption) the use of the oxide of zinc and calamine lotion (℥ii. of each in ℥x. of rose water), laid on with a brush and allowed to dry on the face and hands, and constantly renewed. During the period of maturation and subsequently, an application of olive oil, glycerine, carbolic acid (one part in sixty), with oxide of zinc, was what I generally applied.

Uses of Labarraque's, Solution.

Dr. ROBERT T. COOPER, of Southampton, says, in the Dublin *Journal of Medical Science*:—

An extensive acquaintance with the therapeutic effects of chlorinated soda has convinced me that it possesses most important properties. It is very generally admitted that most salts of chlorine are valuable disinfecting and deodorizing agents when applied to the seat of fœtid discharges, and that their effects are due principally and proportionately to the facility with which they part with their chlorine. That this does not fully account for the beneficial effects of chlorinated soda, we are much inclined to think; at all events, if it does, chlorine must henceforth be looked upon as a much more valuable drug than it has been. Chlorinated soda has long enjoyed a favorable reputation as an application for suppurating and cancerous ulcerations, leucorrhœal and other catarrhal discharges, but I am not aware that it is generally supposed that, taken internally, it has a plainly marked stimulating effect upon relaxed states of the uterine and peri-uterine tissues; that it gives tone to the weakened utero-sacral ligaments, increases vaginal contraction, removes the bearing down and tendency to prolapse, diminishes congestion of the neck of the womb, thereby lessening very considerably leucorrhœal* and menorrhagic discharges; and yet this is what we claim for it, and more than this, that along with the removal of the original affection, the casual congestion, comes, agreeably to the *tolle causam* principle, the more or less entire subsidence of sympathetic disturbances, the sacral, ovarian, rectal and vesical distress, the hypochondrial tumefaction, the gastric and precordial sinkings, the submammary stitch, chest pains, and headaches, a pretentious assertion certainly, but one

* It does not, nor does any internal remedy that we know of, cure a chronic leucorrhœa.

that an extensive experience with it more than justifies. Nor need we hesitate to speak freely, as the condition of system for which we recommend it is every day met with, and every practitioner, even specialists in departments of medicine remote from uterine, must be aware that their daily concourse with disease brings them into contact with affections complicated with and modified by this more than common uterine enfeeblement.

Like most efficacious remedies, the liquor sodæ chloratæ can disturb as well as control the nervous system, and therefore it requires to be administered in doses graduated according to the nervous susceptibilities of each invalid and the nature of the affection under which they suffer. The dose given in Squire's *Companion to the Pharmacopœia*, namely, ten to twenty drops, is much too large for our present purpose; the uterine maladies calling for its employment can be controlled, as we have confirmed by experience, with much smaller quantities. The method of administration we recommend is to put two or three drops of the ordinary commercial solution in half a tumblerful of water, and direct a dessert-spoonful of this to be taken occasionally. This will be found quite sufficient, and in susceptible persons disturbing effects even may be noticed. Should symptoms of the medicine disagreeing occur, such as rapid emaciation and influenza-like debility, which is one of its most uniformly unfavorable symptoms, it ought to be forthwith discontinued, and the patient advised to remain without medicine for some time.

The Treatment of Paroxysmal Cough.

Dr. J. S. Hough says, in a late number of the *American Journal of the Medical Sciences*:—

The writer, at the age of 20, while a medical student, took the hooping-cough, and the abdominal tenderness occasioned by the almost incessant coughing was so severely painful that it was necessary, in addition to the usual remedies, to resort to some method to lessen the effect of the diaphragmatic succussion, or prevent the paroxysm of cough. The former was in some degree alleviated by placing the arms across the abdomen and bending the body as far forward as possible, thus making considerable compression of the abdominal walls. But this last procedure did not afford sufficient relief; and at the time of a paroxysm the fortunate discovery was made that, *by coughing out with a strong expiration*, and *immediately following it by a long deep inspiration through the nostrils*, succeeded by slightly hurried breathing through the nostrils alone (keeping the mouth tightly closed from the time of the first cough), the paroxysm was generally prevented, rarely coughing more than once, instead of six to twelve times, as was the case when this precaution was neglected.

This fact seems to favor the theory of reflex irritation of the fauces, from sudden access of cold air at the gasping inspiration usually succeeding the first cough, as the cause of the paroxysm; while breathing through the nostrils allows of the air being warmed and moistened by contact with a mucous canal five or six inches in length.

It is unfortunate, for the application of this remedy, that the majority of those suffering from paroxysmal cough are too young to be taught *how to cough*; but I cannot think they suffer a tenth part as much from abdominal tenderness as those who are old enough to apply it, which latter, if the author's case were not above the average degree of severity, will gladly avail themselves of a remedy, unique in its effect, and so easily applied, to relieve them of their excruciating agony.

Perforation of the Bowel.

Dr. W. B. Woodman, in the *London Medical Record*, quotes some instances of this from an inaugural dissertation of Dr. Patschowski.

A well digger, aged twenty-one, had well-marked symptoms of perforation, with escape of intestinal gases into the peritoneal cavity, so that no liver-dullness could be made out anteriorly; yet he did not die, as, according to Kunze and other recent writers of text-books on practical medicine, he ought to have done, but quite recovered. The treatment consisted chiefly of opiates, with enemata, and the local use of mercurial ointment. Dr. Patschowski attributes this disease to constipation in the greater number of cases; but he remarks that fecal accumulations are most likely to occur in the vermiform process, when its muscular coat is paralyzed or weakened in consequence of some preceding illness or inflammatory attack. In one of the cases narrated, small-pox preceded the attack three months. Another had had syphilis five years before, and bore evident marks of it when admitted into hospital. Foreign bodies, such as the seeds and stones of fruits, the beard and husk of grain, etc., are well-known and common causes. Caries of the vertebræ or pelvic bones; inflammation of the perinæum, pelvic cellulitis, and psoas abscess, whether puerperal, pyæmic, or tuberculous in their origin, may also set up perityphlitis. The author states that a movable kidney may do the same. He draws attention to the extreme caution necessary in using purgatives in this disease. The average duration of his cases was two months; the highest temperatures recorded were 39.6° and 40.5° C. (=102.8° and 104.9° F.); and the pulses ranged from 100 to 120 during the height of the disease.

—Dr. Henry R. Stiles has been appointed Medical Superintendent of the State Homœopathic Asylum for the Insane, at Middletown, N. Y.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 9, 1873.

S. W. BUTLER, M. D., D G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE PRESERVATION OF INFANT LIFE.

The practical utility of accurately kept vital statistics has been demonstrated, among other ways, by the increased attention given to the preservation of infant life since it has been impressed upon the public that the deaths in a community, especially during the hot weather, so largely represent children under five years of age. These helpless creatures demand an active exercise of practical benevolence, and every properly constituted mind must be pleased with the evidence that a real interest has been excited in their welfare.

One of the most pleasing exhibitions of this is the Children's Free Excursions, organized in most of our large cities. These are directed by intelligent and benevolent ladies and gentlemen, assisted by professional advisers, and have been useful, not merely in their immediate object of giving the children healthful recreation, but also in bringing them and their mothers under general sound hygienic instruction. Thus, in this city a printed sheet was distributed, giving "directions for the management of children during the warm weather," written by a well-known physician, and couched in brief language and plain terms. The following extract will show its character:—

SLEEP.

The desire for sleep, like the appetite, is periodical, and the child should be put to bed at regular hours; the room should be darkened, kept quiet, and the child allowed to sleep as long as it will. If properly managed, but little solicitation will be required to induce sleep; and on no account, except by the direction of your physician, should any drug be given to quiet the child, or make it sleep. The soothing syrups for sale in the shops all contain opium; and the child that gets it to-day, will not sleep without it to-morrow. The appetite is destroyed, digestion interfered with. The child becomes puny, and sinks under the first malady with which it may chance to be attacked.

The greatest astonishment would be excited were it generally known how many children die every year from quack cordials, given to promote quiet and sleep.

AIR.

Keep the windows open day and night. The child will live several days without food, but it cannot exist as many moments without air. It will die in time if it has only half the food required by the system; so it will suffer and die just as surely if one-half the air it has to inhale has been previously breathed.

The time children suffer most from being compelled to breathe rebreathed air, is during the night. Always have a window down from the top in the room in which children are sleeping. The air should not blow upon them; but if it so happens that there is no place for the bed but directly in front of the window, a blind or curtain will regulate the draft.

Take the child to the park; give it short trips on the river, and out to walk in the evening; but don't wake it up at four o'clock in the morning to take it out; sleep is better for it.

These words in season will be regarded, and will lead, in some minds, to further study of the laws of health, and to a wiser understanding of the duties of parents.

There are other means which have been suggested to limit the mortality of children. Free camping grounds as summer resorts for the poorer classes deserve to be established.

A rigid inspection of food, and especially milk, in the hot weather, should be enforced. The establishment of hospitals for infants should be discountenanced, and country homes for them instead, should be obtained; and quickly successive pregnancies should be avoided by those precautions which are justifiable.

THE WOMAN DOCTOR QUESTION—AN ALLIANCE.

Last week we announced a rather significant alliance. No one will dare question the professional standing and respectability of Dr. ABRAHAM JACOBI, of New York. Dr. JACOBI was a widower, we believe, but concluded to again enter the bonds of matrimony. Miss MARY C. PUTNAM, daughter of the distinguished publisher of that name, some years ago entered upon the study of medicine, considering it a proper sphere for the exercise of her talents and abilities. The sequel proved that she was equal to the situation, as she distinguished herself as a student, both here and in Europe, taking, if we remember rightly, the highest honors in Paris. While in Europe she was a regular and frequent correspondent of this and other medical journals, and her letters were among the best that were ever furnished to the medical press. In course of time she returned to New York and established herself in the practice of medicine in that city. We have never heard what her success was as a practitioner, but if it was measured by her acquirements and ability (not, we are sorry to say, by any means always the case), it must have been more than respectable. Well, Drs. JACOBI and PUTNAM have united their fortunes, social and professional, and as Dr. JACOBI'S specialty has been the diseases of children, we presume the specialty of the firm will be the diseases of women and children. Success to them!

Now, we submit that this is a much better way than obtains in this region, where it has been considered orthodox in our county medical society, under the lead of a few demagogues, to oppose woman doctors under any and all circumstances, and to carry the fight against them into the State Society and the American Medical Association, where were to be found a few demagogues like themselves to lead the fray. Here, where we have the best appointed woman's medical college in the country, and some lady physicians who are the peers, aye, the superiors in acquirements and intellect of the demagogues aforesaid, here, we say, the claims of respectable and capable women to professional recognition have been resisted, and a by-law passed forbidding consultations with them; a by-law that is defied by some of our most respectable physicians, and which the opponents of the women dare not try to enforce. The difference between the treatment of woman doctors in New York and Philadelphia has always been very marked, simply because our county medical organization has, in the past, been run in the interest of a clique, who are really in the minority, but who have managed, on this and some other subjects, to control its action. It is to be hoped that their day is run, and that hereafter the action of our county medical organization will be more liberal.

NOTES AND COMMENTS.

The Insane in Vermont.

By the action of the last Legislature of Vermont a commission was appointed to examine into the treatment of the insane at the asylum in Brattleboro. This is, we believe, a private institution, most of the inmates being from other States, but about seventy-five of the insane of the State are provided with accommodations there at the expense of the State. Is it not high time for that State to have an institution of her own? It appears from the report that people have been confined there for years without authority of law. Nor is this the worst feature of the case. At the time of the committee's visit seventy-five patients were confined in underground apartments, described as "damp, unwholesome, and entirely unfit for occupation by human beings." For un-

ruly patients the cold bath was in common use, the body being immersed in warm water while a stream of cold water was turned upon the head. And all this has been taking place in this year of grace, 1873, and in a New England State. It is enough to waken the old preachers of morality from their sleep of a century, to thunder against the barbarisms of a later day of light!

The University of Michigan.

A wrong impression prevails as to the status of homœopathy in the University of Michigan. "Recognition" is the watchword of all irregular schools of medicine, and they besiege and torment our legislatures until they are sometimes badgered into passing impracticable laws. It has been so in this instance, as will be seen by the resolutions published last week, passed by the Board of Regents of the University, with a single dissenting vote. The Regents do not seem disposed to commit the folly of breaking down a remarkably prosperous medical school by forcing so incongruous a mixture as teaching rational and scientific medicine and homœopathy from the same benches.

The University of Pennsylvania.

Until the new college building and hospital on the west side of the Schuylkill are ready for occupancy, the medical department of the University of Pennsylvania have secured possession of the old Pennsylvania College building, on Ninth street, below Locust, where the lectures will be given next winter.

Testimony Concerning Centenarians.

We recently called for information of a reliable character on the above subject. Several have responded, and we trust that others will do so. Dr. JOHN W. GRAY, of Bloomfield, Indiana, writes:—"Dr. PEGG is the oldest physician, I presume, in Southern Indiana, and was eminent in the profession in his day of activity. I think he is about one hundred years old; has been retired fifteen years." Dr. Gray also mentions a Dr. McFarland, aged eighty years. Will Dr. G. please inform himself more certainly as to Dr. Pegg's age?

Dr. C. H. BRUNK, of Windsor, Ill., writes: "Mrs. Rebecca Sypes, a native of Virginia of Effingham county, Ill., died some time the last Spring, at the advanced age of one hundred and eleven years, five months, and three days. I would say I was well acquainted with the old lady a few years back, and was the family physician while they lived in this vicinity. Her grandson gave me the age as was given at her funeral, and old people who knew her in Tennessee say it is correct beyond a doubt."

A "Mixed" Call.

The following is from a Michigan paper. If it reflects the action of the regular profession of that section they must hold their principles somewhat loosely, or else the millennial day is nearer than we had supposed.

To the Physicians of Newaygo County:—

The undersigned, desirous of co operating with the profession in this and adjoining counties in raising the standard of medical attainments, and attaining a uniform rate bill, and for mutual protection against imposition, do desire to meet their brethren of the profession, without regard to "school or pathy," at Newaygo, on the first day of August, 1873, at ten A.M., to form a Medical Society for the above objects.

H. D. ROOT, Newaygo.
D. W. FLORA, Newaygo.
R. L. TRASK, Croton,
H. C. HAWLEY, Hesperia.

CORRESPONDENCE.

A Bovine Monster.

EDS. MED. AND SURG. REPORTER:—

A respectable and intelligent farmer, by the name of Harlow Sharp, residing at Union Springs, Cayuga county, N. Y., furnishes me with the following interesting history of his experience in the delivery of a bovine monstrosity. He says:—

"Last January, tenth day, one of my best cows was taken in labor. She was very sick for four days, but made no progress. I felt it my duty to do something for her relief. I therefore bared my arm and introduced my hand into the vagina and came at once in contact with the right hind foot. The cow was lying on her left side. With much difficulty I brought down both legs and delivered them. By hard pulling I soon brought out the hips. Finding that the calf could not be moved any further I made up my mind to take out its entrails. I took a hand-saw and divided the calf at the hips. Aided by a butcher knife and hog hook I removed the viscera of the abdomen and thorax, then disjointed the ribs, one by one, till they also were removed. Nothing now remained save the spinal column and double heads, which I discovered at this juncture of the operation.

"By passing my hand well into the womb I found a head and a tongue protruding from

the mouth. Several neighbors having come in we turned the cow upon her left side and I again introduced my hand and discovered another head. I now saw the reason why the labor was so ineffectual.

"During the whole operation the mother had no pains, nor was there any hemorrhage, save from the calf. By the use of the hog hook the remaining part of the body was delivered.

"I then passed my hand inside the calf's skin, carrying a knife with it, and disjointed the right shoulder blade; then tied a strong cord around the bone and hooked a small chain to this; then two men pulled away till the leg was drawn out of the skin down to the knee joint. The operator then unjointed the leg. The same operation was performed upon the other limb successfully.

"The thing would not come yet, and I concluded to let her rest for a time, and perhaps her pains might return. After an hour's delay I visited my patient again, and found her up eating hay. In about one half hour pains came on vigorously every five minutes. She then laid down.

"Though the pains were so hard the heads did not budge an inch. I saw that nothing but my assistance would bring it away, so I devised the following plan.

"I fastened a trace chain to the back bone and the other end was hitched to a strong pole. We then fastened the cow's horns to a post, and four men took hold of the Archimedian lever and pulled steadily but powerfully when the pains were on. We made five or six efforts and the *child* was born.

"The mother was not lacerated in the least.

"I now removed the placenta and membranes, and retired for the night, having covered my patient with blankets and made her as comfortable as circumstances would allow.

"When I next visited her she had been up and walked some twelve feet and again laid down and was sleeping sweetly. I aroused her and she got upon her feet, but would not notice food, though she was sweating at the nose, which is a healthful sign. She was in no pain.

"She remained comfortable for twelve hours, then suffered from severe palpitation of the heart with difficult respiration. She now seemed to suffer much pain, and groaned so loud that we could hear her twenty rods away.

"These symptoms continued for one hour, when she became quiet and laid her head upon her side and fell into a deep sleep, from which she never awoke. She died without a struggle."

Mr. S. informs me that he has delivered some thirty cows, mostly breech presentations, but never lost a mother before. He has taken them away in pieces, but never injured the cow.

He delivered a calf head first by cutting a slit in its nose, and then hooked a trace chain into the cut and drew it away with a lever, as above described. He was called not long since, by a neighbor, to see a mare that had not cleaned herself. He introduced his hand and found the after-birth adhered. He carefully separated it with the ends of his fingers, and the mother soon recovered and is now as well as ever.

Mr. S. said he never read any book that treats of diseases of cows or horses, but believes his cool judgment has been of great value to him, and also his neighbors, in the treatment of sick animals.

Professor Wilder, of Cornell University, has this monstrosity's brain in preservation. He kindly furnished me with a photograph of the heads, which I inclose with this article, hoping you may furnish a wood-cut from it. I trust you will deem this of sufficient interest to give it a place in the REPORTER.

M. M. BROWN, M. D.

Utica, N. Y.

Nausea of Pregnancy.

EDS. MED. AND SURG. REPORTER:—

About two months since I was called to prescribe for a lady aged twenty-four years, married, and mother of two children. Nervous temperament, and of feeble constitution, but having no organic disease.

The youngest child, about twenty months old, had been weaned in May. Menses did not appear as should have obtained, and there was general weakness, feeble pulse, clean red tongue, and constipation. She was subject to fainting away under excitement, attended with prickling sensation in the tongue, and some paresis of one side of the body. Prescribed elixir phosph. ferri. quinia and strychnia, which at once obviated the unpleasant disturbance in the nervous system, and improved the appetite; also relieved intestinal torpor. About the 8th inst. she went to the country, six miles distant, and soon after began to feel a distressing nausea in the morning, unattended with vomiting. Suspecting pregnancy, I prescribed as follows.

℞. Oxalate of cerium, grs. viij.
Sub. nit. bismuth, ʒij.
M. F. pulv. No. 12.
Sig. one, two or three times daily.

The good effect was immediate, as no more nausea was felt while taking the powder.

Yesterday she returned to her home in the city, and is much improved. The good effect of a well known medicine in morning sickness is there manifest, and a suspicion of pregnancy almost reduced to a certainty.

F. K. BAILEY, M. D.

Knoxville, Tenn., July 31, 1873.

The Centenarian Question.

EDS. MED. AND SURG. REPORTER:—

Knowing that you are desirous of making a statistical report of instances of extreme old age, I send this report of one case.

There is now living, eight miles west of our town, in Clermont county, a man named Elijah Newton, who is *one hundred and ten*

years of age, as shown by record. He served under General Scott during his military operations in Canada, and was present and participated in the memorable battles of "Lundy's Lane" and Chippewa." He located where he now resides seventy-five years ago, where, with the exception of three years spent in Tennessee, he has lived ever since, and was one among the first in that region to take a load of produce to the Cincinnati market.

He has told me oftentimes that when off with a load of marketing, and stopping over night in his wagon along where Broad street now is, "the blasted frogs would keep up sich a hollerin' that he would have to git up and hitch up the hosses and drive up the hill near the houses, to git away from the noise," and that he saw a man refuse to exchange forty yards of "Kentuck jeens" for the lot on which the Post-office and Custom House now stand, corner 4th and Vine streets. Mr. N. is the owner of a large tract of land on which are several well-laid-off and highly cultivated farms, which he never fails to "go over and see to." His life has been an active one, it being only five years since he gave up general farming. In his time he has mourned the loss of and buried three wives; he is the father of twenty-six children, and is now living with his fourth wife, who was a sprightly widow of forty-five when he married her in 1864.

J. M. HALL, M. D.

Fayetteville, O., July 29, 1873.

Collodion as a Local Application in Erysipelas.

EDS. MED. AND SURG. REPORTER:—

Please allow me, through the columns of your valuable journal, to call the attention of the profession to the use of collodion as a local application in erysipelas. I have for many years been in the habit of using this preparation in such cases with the most satisfactory results, and this I think is more than can be said of any other topical application in erysipelas. Until I happened to hit upon this remedy I was of the same opinion that very many other physicians entertain, that local remedies are of no account in erysipelas. The application is not only agreeable to the patient, but, as I believe, does very much toward checking the progress of the disease. I apply the collodion with a camel's hair pencil, until the surface is well covered, and re-apply as often as is necessary, in order to keep the coating complete.

Yours truly,

S. N. PIERCE, M. D.

Cedar Falls, Iowa, Aug. 1, 1873.

QUERIES AND REPLIES.

E. L. G., Wis., asks, "Where can I find Baron's Life of Jenner; also, Coxe's Practical Observations on Vaccination or Inoculation for Cow-pox, 1802?"

Can any of our readers give the desired information?

NEWS AND MISCELLANY.

Dr. Edward Warren,

Late Professor in the College of Physicians and Surgeons, Baltimore, Md., and well known as the chief medical expert in the great Wharton poisoning case, has been selected by the Khédive of Egypt for the distinguished position of surgeon to the staff of his army, with the rank of Colonel, and the privilege of practicing medicine and surgery in the city of Cairo. Dr. Warren has arrived at his post. His repartee to the Attorney-General, that "lawyers' mistakes sometimes hang six feet in the air," will not soon be forgotten.

Personal.

Dr. J. H. Worthington, Superintendent of the Friends' Asylum for the Insane, at Frankford, with which institution he has been connected for over thirty years, sailed from New York on the 3d of July, to spend three or four months in Europe. The veteran alienist, Dr. Ray, will visit the Asylum regularly during the absence of the Superintendent.

—Dr. Joseph Howson was thrown from his buggy in Toronto, Canada, July 21st, and received a severe fracture of the skull. He died in thirty minutes.

MARRIAGES.

NORRIS—BUCHMANN.—July 14th, at the Lutheran Church in Vienna, by the Rev. C. A. Wilkins, William F. Norris, M. D., of Philadelphia, and Rosa, daughter of H. Buchmann.

DEATHS.

GRIFFITH.—In this city, July 17th, in the sixty-fifth year of her age, Mary E., widow of R. Eglesfeld Griffith, M. D., and daughter of the late Manuel Eyre.

HASSERT.—From paralysis, July 28th, Luke Hassert, M. D., of Harlem, late of New Brunswick, N. J., in the 65th year of his age.

QUICK.—July 19th, in the 24th year of his age, Emmett W. Quick, M. D., resident physician of Good Samaritan Hospital, Cincinnati, Ohio.

RITCHIE.—On July 31st, Dr. James Ritchie, of New Orleans.

TRAU.—In this city, suddenly, July 25th, Leon Philip, only child of Dr. A. and M. Ella Trau, aged 15th months.

VAN ARSDALE.—Suddenly, at Pittsburg, Pa., on the 25th ult., John Van Arsdale, aged 25 years, son of Henry Van Arsdale, M. D., of New York.

WHITE.—At Catskill, N.Y., July 29th, Grace Lilian, daughter of Dr. Whitman V. and Maria Louise White, aged 11 months and 8 days.

WOOD.—On the 31st of July, after a short illness, Elizabeth J. Wood, wife of Dr. Thomas Wood, of Cincinnati, Ohio.

YOST.—In Loganville, York county, Pa., July 24th, 1873, Harvey A. P., son of Dr. Geo. P. and Olivia V. Yost, aged 5 months and 16 days.

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At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has *equal* tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

The cut below gives the size of the ounce phial, and the form of putting up.

Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M. D. *Fall River, Mass.*

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FREY, M. D., *Perry, Iowa.*

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. [illegible]DONS, M. D., *Madison, [illegible]la.*

I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. *Wapping Falls, New York.*

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M. D., *Indianapolis, Ind.*

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M. D., *Lincoln, Ill.*

I have used an ounce of Cincho-Quinine in some obstinate cases of intermittent neuralgia and ague, and am happy to state that it has thus far sustained in full the anticipation raised by what you have claimed for it. Dr. S. S. Cutter, of this city, has an extensive general practice, and he informed me a few days ago that the Cincho-Quinine was giving satisfaction.—J. H. BEECH, *Coldwater, Mich.*

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WHOLE No. 859.] AUGUST 16, 1873. [VOL. XXIX.—No. 7.

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BY S. W. BUTLER, M. D.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 859.] PHILADELPHIA, AUGUST 16, 1873. [Vol. XXIX.—No. 7.

Original Department.

Communications.

THE NATURE OF INFECTION.

BY J. JORDAN BROWN,
Of Mifflinville, Pa.

Many principles of science originated in hypotheses. The circumstances attending phenomena indicate some cause for their production. Should this presumed cause account for all the conditions, it is valid, if not, truth has still been advanced by the exclusion of error.

Modern investigation has developed a world of life, the individuals of which are microscopic in size, while some are so minute as to elude the detection of the magnifier.

Recent investigations of Prof. Rindfleisch, of Bonn,* have extended our knowledge on this interesting subject. "His present researches have reference to the origin of these lower organisms which appear in decomposing substances, and to which the author applies the name of schinzomyceta, including vibrios, bacteria, zoogloœa, etc. . . . The author, it may be remembered once for all, used the greatest precaution in conducting his experiments. The metal instruments which he used were always, immediately before using them, heated to a red heat (superheated), and the glass slides, etc., first steeped in absolute alcohol, and the alcohol got rid of by burning it off in the flame of a lamp. The substance experimented upon was a minute portion of the flesh of a freshly killed animal, removed with the precautions referred to, and placed in distilled water on a glass slide, and examined with an immersion lens." The result was a number of granules, possessing rapid motion; they soon attached themselves to some part, developed into minute chain-like bodies, which chain would break up, each link of which formed an individual bacterium possessing motion, and by the author considered animal in its nature. "In addition to this the author found the organism called micrococcus, this being the lowest form of vegetable life, while the bacterium is the lowest form of animal existence."

As to their origin, they appeared in the fluid after two days, when he used distilled water, the greatest precautions being taken to exclude dust. He found, on using ordinary spring water, that the organisms were more abundant, and their development more rapid. This led him to suspect that the distilled water had picked up the germs from the air, or that they had not been destroyed by the boiling. He repeated the experiment, using instead condensed steam collected into a drop by superheated platinum wire; the result was that "even after weeks no schinzomyceta appeared." The germs of these organisms had, therefore, in the former experiments, been picked up by the distilled water.

Dr. Cobbold* enumerates thirty-one distinct species of parasites affecting man, attacking various organs, the eye, the alimentary canal, the muscles, liver, brain, heart and lungs. Animals are alike affected. The "rot" in sheep is caused by the fasciola hepatica which is found in the liver, the

* *Am. Jour. Med. Sciences*, Oct., 1872, p. 519.

* *Report Department of Agriculture*, 1864, p. 384.

long tape worm results from the consumption of measly pork.

"Various species of algæ and fungi have been ascertained, some of which are characteristic and thus constitute diagnostic critera of certain forms of disease. . . . The presence of the cryptogamic plant appears to constitute an *essential* pathological element in the several *contagious affections*, and they are probably communicated by means of the germinal bodies, called spores."

"These parasites* are usually imbibed by the fluids of the animal whose body they inhabit. . . . The air and the food offer a ready means of entrance into the respiratory and digestive passages. . . . Some may gain an entrance into the blood-vessels and circulate in this way all over the body. Thus the filaria rubella is found alive in the blood-vessels of the frog, the distoma hæmatobium in those of the *human subject*, and a species of sporoptera in those of the dog. It is easy to see, therefore, how by such means parasitic germs may be conveyed to any part of the body, and may even be, by accidental arrest of the circulation, deposited in the substance of the solid organs."

From the foregoing it is evident that parasites are productive of disease. This is sufficient ground for believing that they are possibly the cause of *other* affections whose origin is obscure, especially communicable diseases. Indeed, one disease capable of propagation, whose cause was once involved in mystery, has been traced to this cause. Not many years ago the cause of a disease in which there was vomiting, pain in the abdomen, diarrhœa, followed by stiffness of the muscles, soreness of the same, resembling rheumatism, pneumonia, fever, apnea, prolapse and death, was unknown. Professor Zeuker, of Dresden, showed the whole trouble to be a parasite, the trichinæ spiralis, so small that one ounce of flesh is capable of accommodating three hundred thousand. These symptoms no more suggested a parasite than do those of yellow fever and small-pox.

Infectious diseases engender the means to propagate themselves. That is to say if one atom of this product of the disease be taken from one individual and inserted in another, under favorable circumstances, it will there multiply indefinitely, producing germs sufficient to infect a continent. Reproduction has here occurred. Inanimate matter cannot germinate. All things capable of reproduction have life; this cause, or infectious substance, having reproduced itself, must be living, vital. Infection is active for a period, subsequently powerless. Vaccine virus when fresh will produce a specific disease. This power is lost by age, notwithstanding every precaution by its preservation in wax, glycerine, sealed tubes, etc.

The infection of yellow fever is practically destroyed in ships by filling them with superheated steam.* The clothes of scarlatina patients cease, after a period, to become contagious.

The empirical treatment of such affections is evidence for the parasitic theory. Carbolic acid, the most popular disinfectant, and generally admitted as among the most sure of the destructives of lower organisms, according to the medical journals, has been used with marked benefit in the treatment of measles, small-pox, scarlet and typhoid fevers. Dr. A. E. Sansom† speaks very highly of carbolic acid as a disinfectant in small-pox, not only arresting the diseased process in the individual, but also preventing its spreading in the community.

The propagating materials of contagious diseases is solid or granular. This M. Chaveau demonstrated by three series of experiments, one of which is this:‡ "After having proceeded by washing and filtering to separate the corpuscular element suspended in the virulent humor, if the corpuscles alone be inoculated and then the fluid alone, inoculation of the latter will fail, whilst that of the former will succeed. These solid particles then render the contagiferous property.

All these facts are proof of the parasitic nature of infection, just as conclusive as are any or all that are produced in favor of many leading principles in astronomy, geology, and the collateral sciences, facts the *basis* of every act of scientists.

Undoubtedly, then, were we to turn our telescope toward the indicated portion of the pathological heavens we would be able to discover the object whose existence is already proven.

In August, 1871, Dr. Lostorfer§ commenced a series of microscopic investigations with

* Dalton's Physiology, p. 521.

* *Am. Jour. Med. Sciences*, July, 1872, p. 30.
† *British Med. Jour.*, Nov. 25th, 1871.
‡ *Rankin's Half-Yearly Abstract Med. Sciences*, Jan., 1872.
§ *Med. News and Lib.*, March, 1872, p. 46.

the object of discovering something that would be diagnostic of syphilis in the blood of persons affected with that disease. "A drop of fresh blood drawn from one of the ward patients was put as quickly as possible in a clean object glass, covered, the whole object glass conveyed to an exsiccatorium and arranged in a kind of Recklinghausen's moist camera, and carefully examined daily with the magnifying powers above mentioned. The first two days nothing could be seen except vibriones, bacteria, and commencing forms of sarcoma." After this minute bright corpuscles became visible, some of which were in a state of motion. From the fourth to the sixth day they enlarged in bulk, while some showed a projection, which projections continued growing until they were even larger than red blood corpuscles. This subject was more fully discussed at a meeting of the Vienna Medical Society, in January, 1872.*

"Dr. Neumann said that nearly four years ago Hallier discovered structures in the blood in infectious diseases, and also in syphilis; he said that these gave rise to syphilis, and that their most minute elements penetrated the blood corpuscles and rendered them diseased. He had visited Hallier, that he might learn more of their characters. The result of various experiments was that bacteria were developed in the blood corpuscles of the infected blood, which in *no respects* differed from those developed under similar circumstances in the blood from *other contagious diseases.* He had found them in the blood of small-pox, eczema, etc. . . . Dr. Geber, in company with a colleague, examined the blood of a variolous patient, and found in it corpuscles quite analogous to those presented in syphilis.

Lostorfer failed to prove these new bodies peculiar to syphilitic blood. Geber, Neumann, Hallier, Gruber and Stricker found the same in the blood of other *communicable* diseases. In all the controversy it seems that not one found these germs in healthy blood. Had they done so they would undoubtedly have made it known, as it would have had an important bearing upon the subject. True Dr. Wedl *claims* to have done so, but it would seem that in the selection of his case syphilis was the disease he tried to avoid, while at the same time his subject might have been exposed to some other infection. It was afterward shown that his examination was so conducted as not to be admissible as evidence.

These investigations result in establishing these facts: There are low forms of life, some of which can, and some of which cannot be seen with the microscope. More than thirty varieties of these infest the human system. They permeate the fluids and solids of the body. They are known to be the cause of *some* diseases, which makes it possible that they are the cause of others. The cause of infectious diseases is obscure. Probably *they* are caused by species of parasites. This supposition matures into an established fact when supported by the following truths:—Under the microscope of Chaveau the active principle of infection is a solid granule. Such remedies as are most destructive of parasites are most efficacious in communicable diseases. *The cause dies;* only living things are subject to death.

Lostorfer shows them or their germs actually to exist in the circulating blood.

* *Med. News and Lib.*, April, 1872, p. 60.

REMARKS ON THE PATHOLOGICAL SIGNIFICANCE OF THE PECULIAR ERUPTION FROM THE EFFECTS OF THE PREPARATIONS OF BROMINE.

BY BEDFORD BROWN, M.D.
Of Alexandria, Va.

There are many circumstances connected with the progress and treatment of internal disease, either organic or functional, in which it is often exceedingly desirable to establish a general cutaneous action in the form of an active but innocent irritation or eruption, as a therapeutic means.

Nature not unfrequently performs this office unaided by art, sometimes with partial, at others with complete success. At times it is expedient to aid the inadequate efforts of nature in this direction, while in instances of her failure to act we should make proper use of the example and principle which she so often teaches us.

The peculiar properties existing in the preparations of bromine which give them the power of inducing an active eruption on the cutaneous surface and maintaining it there for an indefinite period, impart to them an additional value otherwise than their mere sedative or alterative action.

There are but few morbid conditions in which the drug fails to produce this specific

effect. Failure to do so is more liable in extreme adynamic, or anemic conditions of the system, than in the opposite states.

Thus whenever in the treatment of disease it becomes desirable to produce such effect for the purpose of establishing an extensive superficial counter-irritation in a mild but efficient form, we have an agent at command as harmless as it is prompt. There are certain forms of disease which arise chiefly from suppressed or retrocedent eruption, which are often promptly relieved by its restoration, while there are few internal affections which are not either relieved or mitigated by its establishment, whether by natural or artificial means. The eruption of brominism does not always present the same character, but differs to some extent in different constitutions. In some it appears in the form of genuine acne, in others it resembles erythema more nearly, while in occasional instances of children it presents the appearance of rubeola.

The appearance of this eruption in some constitutions is invariably attended with a considerable degree of febrile reaction, and when febrile excitement is absent there is often some evolution of heat at the seat of eruption. The effects of bromine on the nervous system are not always of a depressing character, as epileptics and other patients who take it often speak of the sense of relief, the increased cheerfulness of mind, and renewed physical vigor attending a full crop of the specific eruption. An epileptic patient with disease of long standing says that the relief not only from eclampsia, but from the associated feelings of indisposition, is never so great as when the face and body are densely covered with this eruption. At such times the mind is clearer, more cheerful and uniform, and the memory more retentive. But so soon as the eruption begins to fade, both mind and body relapse into their former state. The effects of the remedy on the processes of hematosis and nutrition, when the eruption has even been maintained for a protracted period, are generally favorable, as such patients will increase in flesh, and improve in complexion manifestly. With the exception of epilepsy, this remedy is really more strictly adapted to the treatment of acute forms of disease than the more chronic. It is more particularly true of acute disease in children, that the counter-irritant influence of this eruption on the skin is valuable and efficacious in relieving internal congestion and irritation.

In this particular class of patients the presence or sudden subsidence of cutaneous eruptions are often so intimately associated with their peculiar pathology, that a remedy which possesses these properties presents more than usual attractiveness. Hence to diseases of childhood, either arising directly from suppressed eruption, or such as would be mitigated by inducing active eruption over the general surface, the preparations of bromine are peculiarly adapted.

The following cases are briefly cited for the purpose of illustrating more clearly the effects directly exerted on the progress of various forms of acute and chronic disease by the eruptive stage of brominism.

An infant sixteen months old was attacked with convulsions, for which bromide of potash was given in full doses. The convulsions ceased, but in a brief period extensive pneumonia in one lung was developed. The bromide of potash was continued as the leading remedy in connection with external applications. In four or five days the peculiar eruption of bromine made its appearance, and literally covered the entire surface with a dense crop, to the speedy and effectual relief of the pneumonic symptoms. The eruption did not subside entirely for more than ten days. A case of pleuro-pneumonia in a child of seven years becoming protracted, was placed under the treatment of bromide of potash and ammonia. After their administration for a few days, a full crop of eruption appeared over the surface with an early abatement of the pneumonic affection. This remedy has been resorted to repeatedly in the pneumonic and catarrhal affections of children, and whenever the characteristic eruption has appeared abundantly, the effects on the local disease have been favorable. The action of this agent on the acute organic or functional diseases of the entire mucous surface of the respiratory passages, as tonsillitis, laryngitis, spasmodic croup, asthma, catarrh, and pneumonia in children, when it reaches the eruptive stage, is often prompt to afford relief. In the more chronic bronchial affections a full crop of the eruption of bromide is often of essential service.

A patient with chronic enlargement of the liver, accompanied with some degree of serous effusion in the abdomen, took the bromide of potash for many weeks without

material benefit being derived, until the skin became well covered with eruption. Then gradual reduction in the dimensions of the organ commenced, and was finally complete.

In a case of chronic metritis during treatment, the specific eruption was induced three times from the use of bromide of potash, the remedy having been suspended after each crop. In each instance the eruption was accompanied with rigor, marked febrile reaction, headache, nausea, and vomiting, while there was material improvement in the uterine symptoms after every attack.

A patient with obstinate peri-uterine cellulitis used large quantities of the bromides of potash and ammonia, without improvement, until a very dense eruption appeared. The intense itching sensations proved to be a counter-irritation of infinite service in the ultimate restoration of the patient.

A delicate female suffering with hemoptysis took the bromide of potash in large quantities to relieve excessive nervous and mental excitement. A very extensive crop of eruption over the entire body was the result. The eruption proved more than usually obstinate and severe, and ultimately exerted a favorable influence on the progress of the internal affection. A patient laboring under long standing irritation of the kidneys, excess of lithic acid in the urine, and decided gouty tendency, always found relief from the specific eruption of bromine, which dated from its appearance. Two cases, one a painful affection of the eye, the other of the ear, were finally relieved on the appearance of this eruption.

A gentleman who had been quite a sufferer from chronic urticaria used the bromide of potash freely. He was finally relieved of his old enemy permanently by the appearance of a new eruption.

There is another affection of the skin occasionally met with in practice, which is not eruptive in character, but rather involves the sensorial functions of the cutaneous structures, and which consists in an intense and painful itching, particularly when the surrounding temperature is increased, or after retiring at night. In two instances of this kind the peculiar eruption from the action of bromide of potash produced entire relief.

In the treatment of the adynamic class of diseases, as typhoid fever and pneumonia, when attended with delirium, subsultus, vigilance, and restlessness, the preparations of bromine, and more particularly the bromide of ammonia, after the eruptive effect has been obtained, have exerted the happiest effects. In a case of typhoid pneumonia, accompanied with unusually violent delirium and vigilance, the action of bromide of ammonia, after being carried to this extent, was completely successful in subduing these symptoms.

BILIOUS PNEUMONIA.

BY S. P. JOHNSON, M. D.,
Of Waterloo, N. Y.

(Read before the Central New York Medical Association, held at Syracuse, June 18, 1873, and Seneca Co. Medical Society, at Waterloo, July 9, 1873.)

I desire to present the result of my experience upon a peculiar form of bilious pneumonia which has been more or less prevalent in this vicinity since last September. I have heard of some cases, and seen notices in different newspapers of others, where persons have died after an illness of four to six days, only complaining of feeling very tired and weak, prostrated and uneasy, which increased, they nor their physician considering them dangerous until they were past help and in a dying condition. Such, gentlemen, I consider a peculiar form of bilious pneumonia.

The symptoms are a tired, weak, prostrated feeling for a few days, with *quickened respiration*, especially upon exercising, as walking about the room. Tongue only slightly furred, if at all; bowels usually regular, or slightly constipated; urine sometimes normal in appearance, at other times resembling strong coffee. The pulse during the winter varied from 60 to 90 per minute, being *soft*, weak, and *frequently* irregular; in the majority of cases it being only 60 per minute. In nearly all the cases there is *no pain*, *expectoration*, or *cough*, which would lead one to suspect the true nature of the case, the main symptoms being a languid feeling or depression of the vital forces, with hurried respiration.

During the spring the pulse has usually been higher, 90 to 100, and if the premonitory symptoms were those of catarrh, in which case there is more fever, the pulse frequently runs as high as 120 per minute.

The physical signs are dullness on percussion, which increases according to the severity of the case, until in two or three days

one-half or even the whole of one lung becomes involved; usually it is the right lung affected, but frequently the left or both; upon percussion the line of demarkation is very distinct, one-half inch above the resonance is clear, less than that below it is decidedly dull. The *crepitant rale* is not heard at any stage of the disease, the respiration being *bronchial* in the part congested, and should the disease prove fatal the patient would probably die from asphyxia.

The patient is usually not confined to the bed, but is able to be up and about the house the greater part of the time, and in some cases to be out of doors and riding, but *walking increases the congestion* and should be avoided as much as possible.

Diagnosis.—The only disease, in my opinion, for which it is liable to be mistaken is phthisis, and at first it may be difficult, but may be known by the previous good health of the patient, the suddenness of the attack (being but a few days), the *rapid extension* of the engorgement, and the symptoms resembling those of a low bilious fever.

The prognosis is favorable, except when the engorgement has extended to a considerable degree on both lungs, and when complicated with latent tubercle.

The cases which have come under my observation have all recovered. I am, therefor, unable to give the morbid anatomy of the lungs.

Its pathology and nature are similar to those of common pneumonia, *excepting* that in my opinion it arises from a *purely malarial origin*, poisoning the blood, and the result is the pneumonia. I do not think there is any effusion in the lungs, unless it goes on to a fatal termination; but the *air cells* are *obliterated* by *pressure*, for when the disease gives way it does so *rapidly*, and the lungs, or the portion which was congested, sounds clear in twenty-four to forty-eight hours; the respiration is then vesicular.

I have found in some cases some tenderness in the liver, but in the majority of cases there is none.

When the pneumonia has taken place there is tenderness in the part, on percussion, of which the patient may have been previously wholly unconscious, although the disease may have extended to two-thirds of one whole lung, and, as I said before, there is no cough, expectoration, or pain, which would lead one to suspect the true nature of the disease. *That can only* be discovered by percussion and auscultation.

Treatment.—No bleeding is necessary, and if done would only *prolong* the disease, if not result in disaster. Antimonials are out of the question, and should not be given *at all* under *any circumstances;* the *same* with *lobelia.* We must bear in mind that we *are not* treating *actual inflammation*, but a *congestion* or *engorgement* of the *capillaries* of the *lungs*, perhaps of an imperfect fibrinous nature, preventing the circulation and the aeration of the blood.

And the proper treatment is to relieve the torpid liver, and support the patient. The treatment which has been very satisfactory in my hands is to begin with a cathartic dose of calomel, followed by laxative doses of the same, once in twenty-four hours for two or three days, or until the torpid liver is brought into a healthy action, at the same time giving large doses of the sulphate of quinia, say twelve to twenty grains a day, and continued as long as necessary. I find that when giving the above amount of the quinine it checks the progress of the disease almost instantly. Whereas, in giving smaller doses, the congestion extends until you get enough quinine down to check it. If its constitutional effects are produced then reduce the dose as much as necessary. A blister to the part affected concludes the treatment. In uncomplicated cases recovery takes place in five to ten days.

If there is any danger of producing ptyalism from effects of the mercury, then give chlorate of potassa freely, and you will prevent it, and it might be well to give it as a matter of prudence from the first. Opium given, in my experience, does more *harm* than *good*, unless given to control the bowels, etc. In cases where the lungs are much affected with latent tubercle, the carbonate of ammonia will be found useful, or the liquor ammoniæ acetatis, and in debilitated constitutions brandy.

Medical Societies.

THE NORTHAMPTON COUNTY, PA., MEDICAL SOCIETY.

The Medical Society of Northampton county met at Easton, July 19th, 1873. Dr. John Sandt, of Stockertown, occupied the chair.

Dr. Ott read a translation of Dr. Voisin's

prize essay on Bromide of Potassium (*Archives Generales de Medicine*, January, 1873).

This author's article contains the following points:—

1. The great necessity of administering it in a pure state.

2. The better mode of administering it is to give it in sweetened water at the commencement of the meal. Care should be taken of the teeth, as bromine is eliminated by the buccal mucous membrane.

3. We should watch the action of this medicine, as bromism can supervene in two different fashions, the slow and rapid form. The slow form announces itself by a deathly white color of the skin, especially of that of the face, by hebetude, stupidity, dryness of the mouth, its mucus becoming pasty, by diarrhœa, considerable meagreness, titubation, profound sleep, a sort of coma, by difficulty of speaking and finding words, by a bronchial catarrh which may become suffocating. Bromism comes on rapidly in those who take little exercise. It may be produced in a few days by daily doses of twenty to thirty grains in patients confined to their beds. Exterior temperature does not seem to exercise the least influence on the genesis of it. Bromism appears in patients who have taken for many months or many years of doses from sixty to one hundred and fifty grains, without any assignable reason that it should occur at that moment rather than at any other.

The brisk, rapid form presents itself in the following way: In patients who have taken for three or four years of this medicine in doses of ninety to one hundred and fifty grains, titubation, considerable difficulty in the gait, impossibility of expression, drooping of the eyelids, somnolence, pain in the head, diarrhœa, dull look, stupidity, writing is tremblingly or badly traced, the phrases are written in a mode nearly incomprehensible, because they want portions of entire words. The tongue, at the end of some hours, is red, dry and broad. The patients are very thirsty.

The treatment of bromism is the immediate disuse of the medicine, baths of dry vapor, black coffee, purgatives, diuretics, and a very nourishing liquid alimentation.

4. A good sign to determine if the dose is large enough is the absence of reflex nausea caused by introducing a spoon down to the base of the tongue. Iron and arsenic should be frequently associated with this medicine to prevent the anemia and cachexia produced by it.

5. Duration of treatment. As relapses in epilepsy occur six years after apparent cure, this author considers that in this disease the length of treatment should be at least ten years; although admitting that he exposes himself to error in this respect.

6. Accidents which may result from the use of this medicine. Bromism has already been noted. Bromic cachexia. This is characterized by considerable decolorization of the skin, blowing vascular murmurs, languor in the movements and expression, general debility and emaciation. This writer believes that every patient who takes bromide of potassium in doses exceeding seventy-five grains daily, should be examined by his physician every five days. He considers it a dangerous habit for pharmaceutists to deliver the remedy on a recipe already served. In women who take sixty to ninety grains of the bromide, a dry cough, with difficult inspiration supervenes, especially in the evening or during repose. The cough resembles that of whooping-cough. This medicine produces also cutaneous eruptions.

7. Elimination. Elimination by the kidneys does not seem to be greater in infants than in adults. The alimentary canal eliminates little or nothing. The amount excreted by the skin and through the saliva has not been determined. The present facts do not explain the remarkable tolerance of this remedy in infants compared with adults.

8. Therapeutic value. The two most important points in the treatment of epilepsy are the exhibition of it in a proper dose and a continuance of it for long periods. It acts in two different ways, physiologically speaking; one a sedative action on the medulla oblongata and the spinal cord; the other a constructive action of the muscular fibres of the capillaries, making the tissues anemic. The first explains its efficacy in those diseases where the cord and medulla are excited, as in epilepsy, chorea, simple and traumatic tetanus, spinal irritability of hysterical and anemic patients, etc. Its happy results in spermatorrhœa are due to its capillary constriction. By the same way the buccal, pharyngeal, vaginal, and probably stomachal secretions are diminished. He relates ninety-six epileptic cases treated, twenty of which have not exhibited any further morbid phenomena.

A portion of the article was in support of the great value of this remedy in nervous diseases, particularly in epilepsy. Dr. Brown-Sequard's researches on epilepsy were also referred to as given in one of the lectures by Prof. Agassiz, before the Museum of Comparative Zoology, at Cambridge, Mass., last April. "My friend, Dr. Brown-Sequard," says Prof. Agassiz, "who has made more experiments among animals than any man living, continuing them upon successive generations, and ascertaining what diseases may be transmitted, has stated facts, some of which almost defy belief. These facts are unpublished. I will give a few of them. He has found that the disease of *epilepsy* can be induced in guinea pigs by certain operations, and that this disease, being so introduced into the system, may be transmitted from generation to generation, and thus become hereditary. Where such operations have produced malformations of the skin, as is often the case, these also have been transmitted; or where the paws have been affected by such operations, the peculiarity has been also transmitted. Malformation produced by these experiments as a disease during the life of a parent, has been passed down to the offspring, and even

habits arising from disease have been inherited in the same way. These facts have a fearful significance." The value of Bromide of Potassium and Chloral in disease was then discussed.

Dr. Breinig reported several cases of irritability of the neck of the bladder in females, treated by dilating the urethra and applying a solution of nitrate of silver, 30 grs. to $\bar{z}$, with benefit to the patient.

Dr. Bachman reported a case where he dilated the urethra and applied the solid nitrate of silver with good results.

Dr. Mixsell reported a case of general dropsy in a child seven years old, the sequel of measles, with some heart troubles and difficult breathing. The ordinary remedies used in those cases have been used with no or very little relief. Paracentesis was recommended.

He also reported the case of an adult in which frequent tapping had been performed, and which in two successive operations resulted in a flow of bloody serum first, soon followed by almost clear blood, with no bad effect, except the abdominal cavity would fill up much sooner. The canula was in each case removed when blood commenced to flow.

Dr. Laubach reported a case of secondary syphilis in a female aged about twenty-six, married. She first noticed an eruption on her face about a year ago, and soreness of the vagina, small ulcers appearing on the external and internal parts, the old healing and new ones appearing. The eruption and soreness growing worse at every menstrual period. The eruption was of the papular character, appeared mostly on the face and arms, very little on the rest of the body, no suppuration of the eruption. There was intense itching in connection with the eruption. She was losing her hair. The parties, as usual, denied all knowledge of the contraction of the disease.

Several members suggested treatment for secondary syphilis.

Dr. Hess, of South Bethlehem, reported a case of supposed zinc poisoning, of which several occurred of the same nature at the zinc works of that place.

It was stated that paralysis appeared to be of more frequent occurrence of late years, and it was supposed by many that it was due to the excitement and over-worked body, both mentally and physically. Dr. Green did not believe this, stating that the disease prevailed in very early times, as shown by history, and among a class of people who were living a quiet life; old people, and those living in retired life, were frequently affected. Dr. Sandt stated that it occurred quite frequently among farmers, and in both sexes. It was also believed that members of particular families were more subject to it than others. It was considered doubtful by some of the members whether the disease can be proved to be caused by the excitement and hurry of the present generation.

After electing several members, the Society adjourned, to meet again at the same place on the third Saturday in October next.

Editorial Department.

Periscope.

What is Cincho-Quinine?

This question is often asked by physicians who have not been made acquainted with the nature of this important agent, and therefore we republish the following article, which appeared in the Boston *Journal of Chemistry*, and which presents its nature and uses:

The chemical manipulation of the Cinchona or Peruvian barks reveals the presence in them of quite a number of most remarkable, complex bodies. No vegetable production, except the poppy, affords such a marvelous combination of valuable medicinal principles as the *loxa* and *calisaya* barks, and no substances have been studied with greater care or more intense interest by chemists. Nothing short of the subtle chemical forces controlled by the Infinite One could construct from the elements of the earth and air a bitter principle like quinia, or those other agents associated in bark, so closely allied to it physically and chemically. A handful of the finely comminuted fibres of the yellow bark, which resembles physically a dozen other varieties, is made to yield by the chemist, when treated with aqueous and alcoholic liquids and acids, a dark, bitter solution, unattractive in taste and appearance. If the process is skillfully conducted, or exhaustive in its results, there remains, beside the solution, a portion of woody fibre, inert and almost tasteless. It holds considerable coloring and some waxy matter, together with a little tannin; but the active chemical or medicinal principles have been removed, and are held in the dark liquid. The exhausted bark is not entirely worthless, for it may be dried and used as fuel. But what of the dark liquid? From this the chemist obtains, besides other substances, a portion of beautiful, white, silky crystals; not wholly of one distinct kind, but of several, all of which possess about equal chemical and therapeutical importance. No wonder it seems to the uninitiated in chemical manipulation a difficult work to perform. It is, however, quite easy

to the thoroughly instructed. The first principle isolated may be the quinia. This is not held in the bark in its naked alkaloidal condition, but locked up, in the form of a salt, with another principle called *kinic acid.* In the bark it is *kinate of quinine.* We isolate the quinia, tear it from its embrace with kinic acid, throw that away, force it into a kind of matrimonial alliance with sulphuric acid, and in this condition of *sulphate of quinia,* use it as a medicine. This kinic acid marries into several other families resident in the bark, prominent among which are *cinchonia, cinchonidia, quinidia,* etc. Precisely how many kinds of these alkaloidal principles the different kinds of bark contain, is unknown; but it is safe to assume that there are as many as four others which, although not distinctly pointed out, are tolerably well recognized. These *kinates* are all *kindred* in nature, and all labor to the same end, when isolated and set to work as therapeutical agents in the human system.

In one hundred ounces of good yellow bark, we obtain about two and three-fourths ounces of quinia, and two ounces of cinchonia, with variable amounts of the other principles, but less than the two named. It is to be regretted that we cannot remove the different families of kinates from the bark in their natural state of saline combination. It seems reasonable to suppose their action upon the system would be more salutary than in other forms. It is easy to isolate the kinic acid, and, having the alkaloids, the kinates of quinia, cinchonia, etc., can be reformed; but in these chemical changes so much disturbance to natural organic combinations is made, that, practically, we realize no marked advantages. It seems unnatural to force a natural alkaloidal base out of its association with an organic acid, and recombine it with a mineral acid. This we do in the preparation of the sulphate of quinia. However, as it has served so good a purpose for many years, it is not best to quarrel with the theory.

All the alkaloids of bark possess about equal febrifuge and tonic properties, when isolated and administered in that condition. This has been proved over and over again by all competent chemists and physicians, from Drs. Gomez, Duncan, Pelletier, Caventou, down to the time of Liebig's researches, a quarter of a century ago, and from that time to the present by a hundred careful chemical and medical observers.

How the one alkaloid, quinia, came to supersede the others, and drive them into the background, is easily understood, when we remember that it was about the first that was distinctly eliminated, studied, and experimented with; and the *eclat* it acquired caused everything else to be neglected. The natural bark, holding all the alkaloids, the quinia, cinchonia, quinidia, etc., has always been observed to produce more efficient and prompt results, both as a tonic and febrifuge, than the quinia, or either of the other principles in themselves; but holding also, as it does, tannin, gum, starch, fibrine, and coloring matter, all of which are medicinally interfering or inert, its use is rendered inconvenient and inadmissible in many cases. Besides, it is apt to produce disturbance of the gastric functions of an unpleasant character. Acting upon the idea that the natural alkaloidal principles of bark, in their simple, unchanged condition, separated from the gross, woody, and other matters, would better subserve all therapeutical ends than the barks themselves, or *any one* of the alkaloids separately employed, Cincho-Quinine has been prepared.

Cincho-Quinine contains no external agents, as sugar, licorice, starch, magnesia, etc. *It is wholly composed of the bark alkaloids:* 1st, quinia; 2d, cinchonia; 3d, quinidia; 4th, cinchonidia; 5th, other alkaloidal principles present in barks, which have not been distinctly isolated, and the precise nature of which are not well understood. In the beautiful white amorphous scales of Cincho-Quinine, the whole of the active febrifuge and tonic principles of the cinchonia barks are secured without the inert, bulky lignin, gum, etc. It is believed to have these advantages over sulphate of quinine:—

1st. It exerts the full therapeutic influence of sulphate of quinine, in the same doses, without oppressing the stomach or creating nausea. It does not produce cerebral distress, as sulphate of quinine is apt to do, and in the large number of cases in which it has been tried, it has been found to produce much less constitutional disturbance.

2d. *It has the great advantage of being nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly than sulphate of quinine. Like the sulphate of quinine, the price will fluctuate with the rise and fall of barks, but it will always be less than the lowest market price of that salt.

4th. It meets indications not met by that salt.

On the Etiology of Albuminuria.

Dr. GEORGE JOHNSON, F. R. S., says, in a late address:—About ten years since the author made a tabular analysis of nearly 300 cases of albuminuria. In each case special inquiry had been made as to the probable exciting cause of the malady, and in the tabular statement of the main points in the history of these cases one column was set apart for the etiology of the disease. Some recent discussion on the influence of alcohol in exciting diseases of the kidney had led him to refer to his analysis of cases for evidence bearing upon this question; nine-tenths of the cases analyzed belonging to the class of hospital or dispensary patients. In 200 consecutive cases, the various etiological influences, single and in combination, came under thirty-three heads. Scarlet fever, intemperance, cold, wet, and gout, either single or combined, accounted for 120 cases out of 200, or 60 per cent. Thus,

albuminuria was probably the result of scarlet fever in 24 out of 200 cases, or 12 per. cent.; of intemperance in 28, or 14 per cent.; of intemperance and gout in 12, or 6 per cent.; of intemperance and cold in 12, or 6 per cent.; of gout in 8, or 4 per cent.; of cold and wet in 23, or 11.5 per cent.; of cold in 13, or 6.5 per cent. Intemperance, either alone or combined with other influences, was the probable cause of albuminuria in 58 out of 200 cases, or 29 per cent. Of these 58 cases, in 28 intemperance was believed to be the sole cause; in 12 intemperance with gout, in 12 with cold, in 4 with syphilis, and in 2 with lead. Cold, either alone or combined with other influences, was the exciting cause of albuminuria in 25 per cent. of the cases. In 6.5 per cent. cold alone is believed to have been the cause of albuminuria, in 11.5 per cent. cold and wet, in 6 per cent. cold and intemperance, and in 1 per cent. cold and fatigue. Albuminuria was associated with scarlet fever in 12 per cent. out of 200 cases, with exposure to cold and wet in 25 per cent., and with intemperance in 29 per cent. The following table shows the proportion per cent. of deaths, recoveries, and of persistent albuminuria in cases resulting from: 1. Scarlet fever; 2. Exposure to cold and wet; 3. Habits of intemperance.

	Scarlet Fever.	*Cold and Wet.*	*Intemperance.*
Deaths	45.83	27.5	67.23
Recoveries	50.	38 88	10.35
Persistent albuminuria	4.16	33.33	22.41

Of the 58 intemperate patients, 11 were women, and 47 were men. In 5 cases out of the 47 men the occupation had not been recorded. Of the 42 men whose occupations had been noted, 5 were waiters. The remaining 37 intemperate men had thirty different occupations, not one of them connected with the manufacture, sale, or distribution, of alcoholic liquors. It was then not right to assume that men in the class of hospital patients engaged in the liquor trade, and not notorious drunkards, might be placed in a "non-alcoholic" class. The excess of Bright's disease amongst males, as compared with females, was explained by the fact that, as a rule, men are more intemperate and more exposed to cold and wet than women. Amongst the cases analyzed, 76 per cent. were males, and 24 per cent. females. Out of the 58 cases associated with intemperance, 83 per cent. were males; and of the 36 resulting from cold and wet, 77 per cent. were males. In addition to the causes of albuminuria before referred to, the following influences appeared to have been causative, the figures showing the proportion per cent. in a total of 200 cases:—Typhus fever, 4; typhoid fever, 1; erysipelas, 1; pyæmia, 1; measles, 1; rheumatic fever, 1; puerpera, 1; cholera, .5; whooping-cough, .5; diabetes, .5; syphilis, 3; phthisis, 2; venereal excesses, 5; poverty and hard work, 2.5; emphysema and bronchitis, 3.5; morbus cordis, 3.5; scrofulous disease of bones or joints, 2.5; scrofulous abscess, .5; lead, 1; tropical climate, .5; hydrophobia, .5; mental anxiety, 1.5; pregnancy, 2.5. The result of the author's later experience would be to add to this long list of causes of albuminuria; particular reference being made to diphtheria, relapsing fever, malarious fevers, yellow fever, and to certain forms of dyspepsia, either with or without an excessive consumption of alcohol or of tobacco, as causative of albuminuria and degeneration of the kidney.

Treatment of Puerperal Convulsions.

The following was read by Dr. JOHN H. TATE, before the Cincinnati Academy of Medicine, and printed in the *Lancet and Observer*:—

In regard to the treatment of this disease, we may remark that it is a mistake to suppose that every woman who has albuminuria will, of necessity, have convulsions. Equally is it an error to imagine that every woman who is taken with eclampsia must, of necessity, die without treatment? On the contrary, we have no doubt that some would recover if left alone; and we feel even more sure that a few have recovered, notwithstanding the most improper treatment.

Still the disease must be viewed as not only a very alarming, but a very perilous one; and hence its proper method of treatment presses on our attention.

The treatment of this form of disease has varied greatly at different periods. At one time, when it was looked upon as a nervous disorder, it was treated with anti-spasmodics and narcotics; when opinion changed, and it was supposed to depend simply on plethora, venesection was almost invariably employed; and latterly, since it has been ascertained that the blood is diseased, the treatment has undergone another change, and in fact, at present, there is a great discrepancy of opinion as to the course to be pursued. Some losing all confidence because they cannot at once change the state of the blood, follow an expectant plan; some rely solely upon ether and chloroform inhalations; others renew the old method of treatment by narcotics, but employ the hypodermic syringe; while many still go on employing the lancet, and proclaiming their success.

In order properly to treat this affection, there are five things which must be kept clearly before the mind, viz: the general condition of the patient; the predisposing cause; the exciting causes which induce, and often keep up the disease; the tendency to death, which is manifested by its progress when left uncontrolled; and lastly, the time in the puerperal period at which convulsions occur.

I. *Condition of the Female.*—We have already stated that seventeen-twentieths of all cases of puerperal eclampsia occur in primaparæ. Now, they, with great invariability come to the close of gestation with their digestion in excellent condition, and with the vascular system in a state of

plethora. This plethora may be serous, and in a majority of cases there is effusion into the areolar tissue of the face and upper extremities, a condition which should not be confounded with a similar state of the lower limbs, often the result simply of pressure on the femoral veins. Demart and Hamilton called attention to this fact at the beginning of this century, but it is remarkable how many authors have since failed to notice its frequency, and in fact only speak of it, as it were, by accident.

This serious plethora, with edema, gives a dingy, colorless expression to the features, and has therefore been confounded with anemia; whereas, when blood is taken, there is found an abundance of red corpuscles, though of course there is relatively an increased amount of serum.

Just here, perhaps, it will be well to notice the views of Traube and Rosenstein, who regard this disease as an acute edema, with consecutive anemia and cerebral disturbance. But the edema in this case is nothing more than an effusion into the areolar structure, such as ordinarily results from obstruction to the functions of an important emunctory, and I do not see with what propriety acuteness is ascribed to an affection which often comes on so stealthily as to require days and weeks for its manifestation. As to the consecutive anemia, it is a mere piece of phantasy on the part of those who can look no deeper than the skin, and is utterly disproved by the richness and coagulability of the blood, as well as by most of the circumstances attendant upon the development of this disease.

II. *The Predisposing Cause.*—Of this we have already said sufficient to impress every one with the importance of its influence in determining an enlightened treatment.

III. We must keep in view the exciting causes. What these are we have already indicated, and we will illustrate the importance of giving proper attention to them in some cases, which we will presently report.

IV. A due regard must be given to the tendency to death. Death in these cases results from congestion, accompanied with serous or sanguineous effusion upon the surface, or into the substance of the nervous centres, or from coma, which becomes more and more profound as the interval between the paroxysms becomes less, until at length respiratory movements are altogether suspended. This coma is no doubt due in part to the frequent swamping of the nerve cells in adulterated venous blood, and in part to the undue pressure to which they have been subjected in consequence of the congestion.

Lastly, the importance of regarding the period of gestation at which the convulsions may appear will be sufficiently shown in the cases which follow.

Taking, then, into consideration, the general condition of these patients, together with the death tendency, it is manifest that the first indication of treatment is to protect the brain by a free venesection. If the pulse should rise and vascular turgescence of the eyes and face be present, and headpain, this should be repeated, unless the convulsions can be controlled by dashing the head with cold water, ligatures applied around the extremities, and pressure made upon the carotids, or by chloroform. The value of this treatment is illustrated by the following cases:—

Case 1.—1853. Mrs. S., aged 30, primapara; abandoned by her husband and left in great destitution; has been melancholy for weeks; now occupies a pallet on the floor in a room twenty feet square, in which are also two double beds, a cooking-stove, and a table. The family consists of four grown persons, two children, and four day-boarders. Was called to see her at two P. M., February 4th. Learned that she had had nine fits before I saw her. Soon after I entered, and while examining the pulse and edema of her limbs, a violent convulsion came on, lasted for some minutes, and left her entirely unconscious of everything around her. Os uteri undilated; bled fifty ounces by measure; cold applied to head, warmth to feet, stimulating injections per rectum.

February 5th. No more convulsions, but comatose. Put ligatures on the extremities and rubbed them with warm turpentine. No fetal pulsations discoverable.

5 P. M. Patient now speaks, but not rationally; to be purged with croton oil; no labor pains.

February 6th, 8 A. M. Was freely purged, after which labor came rapidly on, and at two A. M. she was delivered of a dead child. She now recognizes her friends, but laughs and cries; talks incoherently, and is evidently in a state of hysterical mania. She does not remember anything about her recent delivery, or of having been bled, etc.

February 9th. All unpleasant symptoms have subsided, patient quite rational, and soon made a good recovery.

Case 2.—A woman was admitted into the Commercial Hospital in labor with her first child. She was well formed, of medium size, with face and limbs edematous. She was taken into the obstetrical ward, and fell under the supervision of a gentleman who was violently opposed to the use of the lancet in such cases, and especially when attended by edema. The treatment I think consisted of injections per rectum and the administration of chloroform. The convulsions continued, and at the end of some hours the patient died. A post-mortem was held, the brain proper examined, and the case was reported as one giving no countenance to the use of venesection. Not feeling satisfied with this examination, and supposing that the medulla had about as much to do with convulsions as the brain, I persuaded the pathologist, along with another member of this Academy and myself, at ten P. M., to revisit the dead-room. The muscles of the scalp were rich in red corpuscles, and on opening the spinal canal so as to get a view of the oblongata and spinalis, we were sur-

prised to find a clot of blood five inches long, by half an inch in width, lying upon the surface and extending downward from the oblongata over the medulla spinalis.

Having protected the brain and nerve centres from the danger of effusion, we next turn our attention to the exciting causes, and if possible, remove them. As illustrative of this take the following case:—

Case 3.—*Irritation in Alimentary Canal.*—Mrs. M., aged 20, large head, light hair and eyes, good physical conformation, primapara, latterly troubled with headache. Labor began at daylight; nothing unusual until eleven o'clock, when the patient had a strong convulsion. The patient recovered consciousness, but soon had another fit. She was now bled to faintness. For a while no convulsion returned. Injections of salt and water were used and cold applied to the head. The convulsions returning, she was bled a second time to twelve ounces. After this she remained unconscious, but had no further convulsion until after the delivery of the child, which took place at five P. M. All seemed now to go on well, until suddenly a frightful convulsion came on. The patient was now given croton oil every fifteen minutes; the bladder was evacuated, and urine found to be rich in albumen. The hands and face had been very greatly swollen. In a little while the oil took effect, when the patient passed a large amount of undigested green corn, which she had eaten the day before. After this, all went on prosperously. The child was born alive.

Syphilitic Fever.

The Parisian Correspondent of the *British Medical Journal* says M. ALFRED FOURNIER, a sub-professor of the Faculty of Medicine, and a young distinguished syphilographer, has begun a course of lectures at the Hôpital de Lourcine (the Paris Lock Hospital) on syphilis as it occurs in women. I need hardly say that all his lectures are very interesting, but there is one that deserves particular notice, as it treats of a subject but little known among practitioners, even among specialists, of that class who are in the habit of looking upon the affection about to be described as entirely apyretic, or merely symptomatic of some disturbance in the economy more or less connected with the perturbation caused by the affection in question, and not a sequence of this latter. I allude to what M. Fournier designates fièvre syphilitique," which, he says, is a sort of essential fever of a specific character, and is intimately connected with, or the result of, the syphilitic diathesis. It presents itself in two different forms: It is sometimes purely symptomatic, and at others it assumes all the characters of an essential fever. The former is the less frequent, manifesting itself as an epiphenomenon of the syphilitic eruptions, and assuming the continued type, which, however, is of short duration. The essential form principally manifests itself on the appearance of the secondary symptoms; the nervous temperament seems to act as a predisposing cause; while, among the proximate causes may be named the expectant or want of proper treatment; and, in proof of this latter assertion, M. Fournier observed that, whenever syphilis was early and properly treated, the fever was generally *nil.* This essential fever sometimes assumes the intermittent, sometimes the continued type; it is irregular in its character, and occurs with or without paroxysms. It is, however, distinguishable from the same class of fevers of malarious origin by the following symptoms. In syphilitic intermittent fever, which is nearly of the quotidian form, the paroxysms recur at night; and it also differs from the malarious intermittent type by the absence of the cold and sweating stages, as well as by the absence of those complications generally met with in the ordinary intermittent fever; but the most characteristic feature is that the spleen remains unaffected, whether during or in the intervals of the paroxysms. The continued type of syphilitic fever is like the common continued, either of the simple or paroxysmal form. M. Fournier described also a third form of syphilitic fever, in which the symptoms are very irregular, and therefore cannot be classed with any of the above types. Sometimes the fever assumes an adynamic character, somewhat analogous to typhoid, to which M. Fournier has given the name of "typhose syphilitique." The prognosis, however, of this latter is not so unfavorable as the genuine typhoid, and the patients recover, first from the adynamic condition, then from the fever; but the syphilis runs its course as if nothing else had happened. Another distinguishing character of the syphilitic intermittent consists in its unamenability to the action of quinine, so efficacious in ordinary intermittent fever; and the only agent that seems to have some influence on the progress of the disease in question is mercury, either alone, or combined with the iodide of potassium; but while its efficacy has been proved in the intermittent form of syphilitic fever, its action in the continued form is *nil*, or at least uncertain. M. Fournier administers the mercury internally, unless counterindicated by the state of the stomach or bowels, in which case he replaces it by mercurial frictions. M. Fournier offers the above, not as a theoretical speculation, but as the result of clinical observations, taken for a series of years, and with the thermometer and sphygmograph in hand.

The Value of Oatmeal.

La France Medicale informs us that M. Dujardin-Beaumitz, having obtained *a large* quantity of meal from Scotland, has been *experimenting* with it, young children being the subjects of the experiments. He observes that without speaking of the *bouillies* (porridge?) and cakes which the Scotch prepare from the meal, it is employed by them as food for young children, although the form

in which it is said to be so used appears somewhat novel to such of us as have been a good many years absent from "the land o' cakes," namely, a jelly, prepared by macerating a tablespoonful of the meal in a glass of water for twelve hours, then straining through a sieve, boiling till the whole assumes the consistence of jelly, and adding sugar or salt according to taste. According to analysis, 100 grammes of the meal contain gr. 8.7 of water, 7.5 of fatty matters, 64 of starch, 12.2 of nitrogenous matters, 1.5 of mineral substances, and 7.6 of cellulose, dextrine and loss. Its nutritious value, therefore, as food for children, in regard to azotic or plastic elements, and such as are "respiratory," is analogous to human milk, or that of the cow. Besides these, it contains more iron than do most of the ordinary articles of food.

M. Beaumitz had fed four newly-born infants on the preparation just described, and in all of these with satisfactory results. He considers that in addition to its qualities as food, it acts efficiently against colic and diarrhœa. It enters into the composition of the *syrup of Luther*, which is said to be much used in Germany. M. Gillette, surgeon of the hospital of Melun, has also given oatmeal "combined with cow's milk," to six children, and his experiments have proved how that food may be valuable in cases where the natural supply of milk is deficient. He adds that the nearer the infant approaches its first year, the more does alimentation by oatmeal appear to be *profitable*.

The Use of Electricity in Labor.

In an Italian journal, Dr. MARTEMUCCI regards electricity as preferable to ergot in cases of inertia of the uterus during labor, for the following reasons. 1. The obstetrician who uses electricity has the uterine contractions under control, and can put a stop to them if any circumstances arise which indicate that this should be done; while, when the uterine action has once been excited by ergot, he has no control over it. 2. When ergot is given, the labor must be completed at once; otherwise the fœtus is in danger from pressure on it and on the placenta. 3. Under the use of electricity, the physiological uterine contractions can be closely imitated; while with ergot they are not attended with that periodical relaxation which is so favorable to the mother, and especially to the fœtus.

Dr. Martemucci has also found electricity useful in the hemorrhage attending placenta prævia. He regards his observations as confirmatory of those of Radford and others, as to the value of the treatment.

—The French Academy of Science has recently shown its estimate of DARWIN'S claims as a man of science by rejecting a proposition to elect him a member, by a vote of 26 to 6.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received a pamphlet describing a "fracture bench," devised by Dr. A. LeB. MONROE, of Norfolk, Mass. It is republished from the *Boston Medical and Surgical Journal.*

Also, "Ergot in the Treatment of Nervous Diseases," by Dr. Daniel H. KITCHEN, assistant physician of the New York State Lunatic Asylum, republished from the *American Journal of Insanity.*

The "Local Use of Tar in the Treatment of Skin Diseases," is an article by Dr. L. D. BULKLEY, reprinted from Brown-Sequard's *Archives.*

BOOK NOTICES.

Insanity in its Relation to Crime. A Test and Commentary. By WM. A. HAMMOND, M. D., etc. New York: D. Appleton & Co., 1873. 1 vol., cloth, 8vo, pp. 77.

The author quotes three famous murder cases from the *Causes Celebres*, and examines them with the knowledge of a specialist in insanity, to find whether these crimes were attributable to mental disease. The criticism is close and a model of its kind. The result is that although two of the accused were pronounced sane on the trial, and one of them hanged, they were, in Dr. Hammond's opinion, all three insane.

In his commentary he touches upon one point which is too often overlooked in dealing with such cases. It is the power of self-control in the insane. This is by no means absent, as the public generally, and many physicians seem to believe. This false impression is dangerous, for the insane are well aware of it, and they know it gives them an immunity from the severest penalties of the worst crimes. Dr. Hammond urges insane criminals should be punished, not for the sake of Society, directly, but for the sake of conveying such an impression to the other insane that they will exercise that power of self-control which they have, and which they can use if they try to do so.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 16, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE EUTHANASIA.

Whether, when a patient is past all hope, a victim to a fatal disease, entailing great agony, when, as sometimes happens, he and the family alike beseech us to "put an end to his misery," ought we to do so?

Generally we dodge the responsibility of answering, and at the same time meet the requirements of the case by prescribing such a dose of opium or other narcotic that will certainly plunge the patient into a profound sleep, whence he may or may not come forth.

"Thou shalt not kill," like all other commands, Divine or human, must not be construed too literally, but according to the spirit of the law. So moral writers have always regarded it, and to take life has ever been allowed, even by that same Divine law, for adequate reasons.

Sir THOMAS WATSON, in his *Practice*, speaking of the certain death and intense agony of hydrophobia, intimated that were he the subject of that disease, he should not seek a remedy, but a release, the only one, by death. Formerly, those who suffered from it were smothered, and the great writer on ethics, Benedict de Spinosa, makes a point of defending this medical practice.

Personally, we have often been asked—and we presume our experience is by no means singular—by the friends of the sick and by the patient himself, to administer some potent drug that would close the fearful struggle. Lately in a Chicago paper we saw an article full of impassioned protest against the uniform refusal with which medical men meet this demand. An extract from it we preserved. This is it:—

"She has kissed us good-bye; she has said her last farewell; yet must we stand in wild agony, and witness the torture of her whom we love?

"Yes, hours ago the doctor said she was dying, and yet the clock ticks away its slow time, and she lingers.

"Should it be? Should it be? This is my question; a question that must be answered.

"I have begged and I have prayed the doctor to give her that which her eyes are piteously begging, and still he shakes his head.

"'It is right! It is merciful!'

"'Yes, but I dare not.'

"Oh, pitiful coward! you see through world-blinded eyes! And that which would close my mother's eyes in sweet sleep, relax the stiffened muscles, bring smiling rest upon her poor face, and waft her soul through happy dreams into the other world, is withheld!

"Shall false prejudices ever blind us? Shall disease torture its victim to the last? Shall we always watch in numb horror the death-agony of our loved ones?

"It is a vital question to us all, and must be answered?"

There is strength in this. There is a real sympathy for the sufferer in these violent words. In mercy to the writhing worm we crush its life out; does that mercy not extend to our fellows?

Fortunate for us, fortunate for the hopelessly ill, that the "drowsy potions of the East" stand us well in most of these cases. But there are times when even they fail us, and the old question confronts us again. The true solution is not in violent means, but

must rest in future discovery. The law of sickness is suffering. To assuage this we have many means, far more than our fathers had, and if still not enough, we should study to use those we have to the best advantage, and seek diligently for more. It would be no benefit to the race, even if public sentiment and our own conscience justified us in invoking Death to relieve suffering. It would, indeed, be an injury, for it would offer a substitute for further means. In the realm of nature we may confidently trust many substances exist capable of diminishing and relieving pain. With suffering before us to demand them, science will certainly find them out. Sooner or later that perfect one will be discovered which will soothe and numb the sentient fibres which call forth pain, while the intellect and special senses will continue in their unimpeded activity.

Notes and Comments.

The Cholera in Tennessee.

A correspondent in East Tennessee writes:—

"There is some discrepancy among our professional *confreres* of this State regarding the malady which prevails with more or less virulence from Shelby to Johnson. In some localities it is comparatively mild. But at other places, some of which are widely separated, it has been very malignant. The deaths in Nashville, from cholera, have already, probably, reached one thousand this season. In Gallatin, a small town, the death-rate has been one to fifteen. Granville, in East Tennessee, has, perhaps, lost five *per cent.* Local causes have unquestionably increased the malignancy of the prevailing disease. These causes, which in Granville made cholera so fatal this summer, would last year, probably, have developed a severe type of intermittent fever; peradventure, next season it would result in remittent, or probably *typhoid* of a grave form. Here, and elsewhere, in the absence of local causes, when the hygienic influences are good, cholera exists, but of a mild type, and easily subdued by prompt treatment. In a community where people die at an unprecedented rate, to impute half the cholera cases to "cholera morbus," as is the custom of some physicians, is, I think, "a distinction without a difference." We have *authentic* private advices from both Knoxville and Chattanooga, which confirm the rumor of the last several days, viz: the existence of *death-producing cholera* at each of those places. It is hoped that the intelligent exertions of the municipal authorities, prompted and aided by the medical men, will soon entirely banish the panic creating invader from the two rival and growing cities of East Tennessee."

Newspaper Puffery.

The repeated examples we receive of the publication of startling "operations" by or with the knowledge of the physician in attendance, seems to show that that insidious form of advertising is on the increase. Otherwise reputable practitioners favor it, and seek its benefits. It is every whit as objectionable as the most fulsome handbills or market crying. Its tendency is the same, to deceive the public and injure the general standing of physicians before the public.

Curious Wounds.

As a matter of medico-legal interest, we quote the following from a daily paper:—

A man was hanged the other day at San Francisco, for murder with a weapon of a peculiarly dangerous, and for a long time mysterious, nature. This is a sand club, formed by filling an eel skin with sand. When this instrument was first brought into use, the authorities were greatly puzzled by deaths, apparently from violence, yet no marks could be found on the outside of the body. A burglar was finally captured with a sand club in his possession, made out of an eel skin stuffed with sand. Being closely questioned, he explained its use. When the victim is struck, for instance, on the head, he drops insensible, and soon dies from congestion of the brain. Often the skull suffers no injury from the stroke; and if the person struck recovers sensibility, he gradually relapses into a condition of idiocy. Sometimes a man struck in the body will be knocked down by the peculiar force of the blow, and feel no immediate results from it. In a few weeks, however, the flesh will begin to mortify under the line of the blow, and rot down to the bone. Heller, the celebrated

pianist, is supposed to have met his death in Mexico from a stroke of this diabolical weapon.

Beneficiary Scholarships.

While it is right and proper that our medical schools should have a few beneficiary scholarships, it is a very poor investment, that will not pay in the long run, when they go into the business by wholesale, merely for the purpose of filling up empty benches, and gaining a possible prestige for having large classes. Thus, we are informed by a certain college that it has created a number of Beneficiary Scholarships, for the benefit of poor but deserving young men seeking a first-class medical education. One Beneficiary student is received from each Senatorial District of any State, and one from each Congressional District of any State, and one from each Congressional District of the different States. Sons of physicians and clergymen are very properly accorded Beneficiary Scholarships. Each Scholarship is worth to the recipient of it $200, and those receiving such aid are known only to the Dean.

It won't pay, and tends to lower the standard of medical education.

Correspondence.

A Case of Stone.

Eds. Med. and Surg. Reporter:—

Elbert H. Smith, aged 52 years, died on the 13th of this month. There are some things connected with this case which I think will interest the profession. For the past seven or eight years he has been afflicted with disease of the urinary organs. Some three or four years ago I diagnosed the case vesical calculi, but not having experienced much benefit from treatment he applied to several physicians of extensive reputations, who, without an exception, pronounced my diagnosis wrong. He was treated by several of them for a long time, but without benefit. For the last two and one-half years he has been unable to void urine, and has been compelled during all that time to use the catheter. The only agent which has given him relief for a year or two is morphine, which he took in enormous doses, the sulphate, a teaspoonful at a time. I was granted the privilege after his death to examine the bladder, under the promise to go no further.

I found this organ in an almost unrecognizable condition. The walls were thickened, and indurated, and adherent to the peritoneum, and this in turn adherent to the neighboring tissues, until the whole, as a mass, seemed to be attached with almost tendonous tightness to the pubic and iliac bones. Upon making an incision into the bladder I found it almost filled with stones. I have them now in my possession, numbering one hundred and sixty-seven. The largest one is about as large as a good sized marble, though it is flattened. The smallest is about as large as a pea, though the most of them are about the size of a bean. The largest is white, or nearly so, and the others bluish, mottled, all smooth, with the same beany shape. I should have liked very much to have examined the kidneys, but could not do so and be true to my promise. This case appears to me to be remarkable in the following particulars.

1. The use of the catheter for the length of time stated would be expected to produce serious, if not fatal, results.

2. The extensive visceral adhesions and attachments, caused, of course, by inflammatory action.

And 3. The number of the stones, filling, as they did, almost entirely the remaining cavity.

I regret that I am not able to make a more elaborate and scholarly report of the case, but mine being a country field, requiring a good deal of activity, I have not the time to do it. B. C. Toler, M. D.

Astoria, Ill., July 13, 1873.

Case of Extraction of a Foreign Body from the Larynx.

Eds. Med. and Surg. Reporter:—

I communicate the following case to the profession, because I think it an interesting one, particularly since it shows how sometimes even competent physicians make awkward mistakes in the diagnosis of simple cases, for want of a sufficiently careful examination.

On the 6th of last May a youth of eighteen called on me, in company with his mother. He was suffering from a constant tickling in the throat, accompanied by a spasmodic cough, and the general health of the system was considerably affected. I learned from the patient that he had been for the last three months under the care of Dr. S., a very respectable practitioner, who had first treated him for *diphtheria* and afterward for *asthma*. The course of treatment pursued, however, was not successful, and the patient was finally put upon the hygienic method, and instructed to exercise freely in the fresh air, which should restore him to health. The patient having been in this condition some time previous to calling on me, I thought it not unlikely that the failure of treatment proceeded from a mistaken diagnosis. This was strengthened to conviction when the patient told me that Dr. S. had personally examined him for more than a month.

The symptoms pointed to the influence of some foreign body in one of the *fossæ;* but the patient had no recollection of anything having lodged in his throat. I then had recourse to the laryngoscope. I soon discovered a foreign body lodged in the left hyoid

fossa. It had the appearance of a short piece of straw, but turned out to be a grain of barley. How it got there I could not find out.

To effect its removal I bent a glass tube at an angle of 45° a short distance from one end. This end was filled with powdered alum. The other end I placed in my mouth, and having so placed the laryngoscope as to give a clear view of the foreign body, I blew the alum into the fossa. This I repeated after ten minutes' interval. The alum acted well, coagulating the mucus surrounding the foreign body, and exciting a violent cough. In fifteen minutes the barley grain was thrown out, and the patient has since been entirely well. A. HARSHBERGER, M. D.,
Sup't Soldiers' Orphans' Institute,
Cor. Twenty-third and Parrish Sts., Phila.

Migraine.

EDS. MED. AND SURG. REPORTER:—

To the excellent article on this subject by Dr. T. Curtis Smith, in the REPORTER of July 12th, I would add one or two suggestions.

In the last twenty years I have permanently cured many cases of sick headache, by giving, three times a day, ten drops of tincture of nux vomica, and continuing this treatment from two to six months. When a paroxysm of pain is threatened, give an extra dose or two of twenty drops each. If, in spite of this, the paroxysm come on and be severe, with great nausea, administer a mild emetic, and follow that with a dose of bicarbonate of soda and comp. spirits of lavender. If morphine be used at all, combine a small dose of it with a large dose of quinine.

Persons subject to sick headache often have other ailments, which require remedies appropriate therefor; but, for the headache itself, I prize the nux vomica above all the rest of the Materia Medica. When the patient objects to the bitter taste of the tincture, I give instead of it, a sugar coated pill of the extract, or of strychnia.

Opium and its preparations have their proper but limited use in this, as in many other diseases. Their excessive use by some physicians of the present day is an error, which ranks with the blood-letting of forty years ago.

SUMNER RHOADES, M. D.,
Syracuse, New York.

NEWS AND MISCELLANY.

Green County, Ind., Medical Society.

The Society met at Bloomfield, June 20th.

Papers were read and cases of interest reported.

Drs. Hilburn, Brouillette, Smydth, Harrah and Gray were appointed a committee to write essays.

The following members were appointed a committee to report cases: Drs. Rose, Talbott, Benefiel, Lowder, Aydelotte, Keys, Stone, Minich and McDaniel.

Dr. McDaniel was requested by the Society to give a history of the practice of medicine in White River Valley as it was twenty-four years ago.

Resolutions of respect for the memory of Dr. W. F. Sherwood, who died March 14th, 1873, were adopted.

The Society adjourned, to meet at Newberry, in June, 1874. With all the working material the Society has it ought to meet quarterly, or at least semi-annually.

A New County Medical Society in Pennsylvania.

A number of the physicians of Adams Co., Pa., met in Gettysburg, on Saturday, June 14, for the purpose of forming a County Medical Society. A temporary organization was made, with Dr. A. Holtz as President, Dr. R. B. Elderdice Secretary, and Dr. J. L. Baehr Treasurer.

A committee of six, viz: Drs. R. Horner, J. W. C. O'Neal, C. Thompson, J. L. Baehr, W. J. McClure and R. B. Elderdice, was appointed to draft a Constitution. The convention adjourned to meet at the same place on Monday, June 23, 1873, when a permanent organization was effected, with the following as officers for the ensuing year:—President, Dr. R. Horner; Vice-Presidents, Dr. H. S. Huber, Dr. A. Holtz; Recording Secretary, Dr. R. B. Elderdice; Corresponding Secretary, Dr. W. J. McClure; Treasurer, Dr. J. W. C. O'Neal.

Seneca County, N. Y., Medical Society.

At the annual meeting of the Seneca County (N.Y.) Medical Society, held at the Towsly House, in Waterloo, Wednesday, July 9th, the following officers were elected for the ensuing year:—

President, Frederick Glauner; Vice-President, W. W. Wheeler; Secretary, S. R. Wells; Treasurer, A. J. Alleman; Censors, A. Balter, S. P. Johnson, and C. M. Woodward.

The retiring president, Dr. Jeremiah Dunn, delivered the annual address, an able and interesting paper on Embolism. Essays were read by Drs. Woodward, Glauner and Johnson.

The Question of Petrifaction.

It having been stated in the newspapers that the body of Mrs. George Bennett, of Waterford, Vt., who died in 1854, at the age of 48 years, was found, on its recent removal from the cemetery of Waterford to that of St. Johnsbury, to be in a state of "petrifaction," the legs and body "being in perfect form and as hard as granite, and being touched with a hammer gave a sharp, ringing sound," Dr. H. A. Cutting, of Lunenburg, State Geologist, writes as follows with reference to the matter:—

"We think in justice to the reading community the above should be corrected. For more than fifty years the combined efforts of

scientists have failed to find the least portion of the soft part of any warm-blooded animal that has been petrified. Our reasoning powers teach us to believe that man would be the last in that class to petrify, as his flesh more readily passes into decay. The testimony of two respected citizens of St. Johnsbury to the petrifaction of Mr. Trescott, should be within the memory of all, and their dismay at his second disinterment, when it was found that his body had been preserved in the waxy adipocere state, without any indication of petrifaction. It will certainly be remembered by several citizens there present. I have in person investigated several cases, even where reliable witnesses in other matters would under oath swear to their petrifaction, and all were simply remarkable states of preservation by the adipocere process. That this may be more fully understood, I will state that adipocere is a waxy substance, of a cream color, into which the fat and muscular fiber of dead animals are sometimes converted, by long immersion in water, or by burial in moist places, in early spring, or in wet seasons.

This substance was first discovered and described in 1787, and decays in a few hours upon exposure to the atmosphere. It may be artificially formed in a few days by immersion of bits of flesh in a solution of picric acid, or even in spirits. But as yet it is a safe conclusion to report the truth, that no soft part of any human body has been found petrified; yet such petrifactions have been assiduously sought after for many years. Thousands of cases in different parts of the globe, under the most favorable circumstances for petrifaction, have been investigated, and all found upon such investigation to be adipocere. Pretended petrifactions have been exhibited, but they were always statues, cut from the stone by some ingenious rogue who wished to humbug somebody, and were too often successful for a time, as with the Cardiff giant, and so called Indian boy, recently exhibited in several large places in New England. If Mrs. Bennett was petrified, that petrifaction would bring more than its weight in gold, and it would require a bodyguard, even in the quiet town of St. Johnsbury, to keep it buried. Such a specimen placed in the British museum would be valued higher than the crown jewels, and would be a relic more rare than anything that exists on earth. Truly Yours,

H. A. CUTTING.

The Cholera.

The cholera is officially announced to have disappeared from Vienna, and is stated, on governmental authority, to have appeared nowhere in France up to August 10. It is creeping northward in outlying villages on and near the Mississippi river, as far north as the fortieth parallel. Hannibal and Morrisiana, Mo., and a number of small towns in Southern Illinois and Indiana have suffered. Occasional cases in Indianapolis, Columbus, and Cincinnati are still reported.

—Dr. W. I. Blodgett, a practicing physician of Kingstown, Middlesex county, New Jersey, on July 17th, took two spoonsful of aconite for laudanum. He discovered his mistake and quickly swallowed an emetic, which failed to act, and he died shortly after.

So say the newspapers. But if suicide was the object, as would appear from the quantity of laudanum intended to be taken, why not aconite as well as laudanum?

—The Michigan University, at Ann Arbor, has matriculated eighty-eight girls for the coming college year, beginning in September. Forty-two have entered for the literary course, and thirty-seven for the medical.

—The American Dental Association, which was for several days in session at Put-in-Bay, Wisconsin, adjourned on Saturday, August 9th. The meeting was the largest yet held by the Association.

QUERIES AND REPLIES.

Hypodermic Syringe.

Dr. F. R. K., of Ill.—Your inquiry in reference to the inventor of the hypodermic syringe was delayed. The inventor was Pravaz, a French physician. There is no special work on the subject of recent issue.

Chapman's Hysterology.

Dr. A. J. K., of Penna.—This work is published by William Wood & Co., New York city.

Obstetrical Journal.

Dr. L. C. M.—The *Quarterly Journal of Obstetrics* is published by Henry C. Lea, of this city.

Physiology.

Inquirer.—We recommend BURDON SANDERSON'S *Physiology* as the most valuable to one who wishes to make a thorough and practical study of that science. A notice of its scope is in the REPORTER, last volume, page 448.

Vinegar Bitters.

MR. EDITOR:—Will you please request some of your chemical correspondents to furnish, through the REPORTER, an analysis of "Walker's California Vinegar Bitters," a nostrum with which Western practitioners are daily annoyed? MEDICUS.

Tolono, Ill., Aug. 1, 1873.

DEATHS.

BEARD.—At Westville, Conn., July 26th, of cholera infantum, Edith May, only child of Dr. Geo. M. and Lizzie A. Beard, of New York, aged 6 months and 19 days.

CAMPBELL.—At Tryon Plantation, Polk county, North Carolina, July 1st, Dr. Wm. Campbell, of Harmarville, Penna., aged 38 years, 3 months, and 6 days.

PARSHALL.—At his residence, in Cincinnati, Aug. 2d, of inflammation of the bowels, Dr. J. B. Parshall, aged 59 years.

POMEROY.—Suddenly, by accident, at Union Square, on the Syracuse Northern Railroad, on the morning of the 30th ult., William Pomeroy, M.D., of New York city, aged 35 years.

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INJECTION BROU

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At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has *equal* tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

The cut below gives the size of the ounce phial, and the form of putting up.

Dr. J. A. PERKIN[illegible], Chestertown, M[illegible]der date of Feb[illegible] writes us as follows: "I have used [illegible] preparation of Cincho[illegible]nine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M. D. *Fall River, Mass.*

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FREY, M. D., *Perry, Iowa.*

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. [illegible]ODNS, M. D., *Madison, [illegible]la.*

I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. *Wapping Falls, New York.*

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M. D., *Indianapolis, Ind.*

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M. D., *Lincoln, Ill.*

I have used an ounce of Cincho-Quinine in some obstinate cases of intermittent neuralgia and ague, and am happy to state that it has thus far sustained in full the anticipation raised by what you have claimed for it. Dr. S. S. Cutter, of this city, has an extensive general practice, and he informed me a few days ago that the Cincho-Quinine was giving satisfaction.—J. H. BEECH, *Coldwater, Mich.*

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THE

MEDICAL AND SURGICAL REPORTER.

No. 860.] PHILADELPHIA, AUGUST 23, 1873. [Vol. XXIX.—No. 8.

Original Department.

Communications.

NOTES FROM PRACTICE—PIN SWALLOWING — DIGITAL UNION—VALUE OF BUTTERMILK.

BY T. J. HUTTON, M. D.,

Late Resident Physician Long Island College Hospital, Brooklyn, N. Y.

THREE CASES OF PIN SWALLOWING.

1. Mrs. A., five years ago, then Miss. H., while making her toilet one day, swallowed an ordinary sized dressing-pin. A detective, in the shape of an old physician, was immediately set on its track; mouth, pharynx, and larynx were interrogated, but nothing was seen of the pin; nothing heard of it, save an irritative cough, with sharp increasing pain in posterior pharyngeal wall, necessitating repeated explorations and a few incisions. Three years after the occurrence the pin was removed from the posterior wall of the pharynx by a surgeon. Chronic pharyngitis still remains.

2. In November, 1871, John K., aged eleven months, became suddenly ill, whining and pining being the principal symptoms, and baffling the skill of the doctors. After nine months had elapsed (August, 1872) a little abscess formed over the glutei muscles on the left side, and from this a pin was extracted. The child soon waxed strong.

3. Lizzie K., aged seven, in the winter of 1871, accidentally swallowed a shawl-pin two and a half inches long, with a large bead top. It seemed to have reached the stomach, as neither probe, stomach tube, nor any ordinary manipulations could detect it. After many months had elapsed the head of the pin was coughed up, but nothing was seen of the pin itself. Cough, with epigastric pain and gastric derangement, were very troublesome symptoms. The removal of the family some six months ago prevents us giving the termination of the case.

FOUR CASES OF DIGITAL UNION.

Hearing so much of the recuperative power of the lower animals has tempted me to claim a little for man in this direction, by citing four instances where digits or fingers completely severed from the hand again united on being replaced. Three of these occurred in hospital service. One was effected in 1869, by Dr. Frew, resident surgeon, the particulars of which we did not learn. One in the spring of 1872, by our esteemed friend, then colleague, Dr. Edwin E. Smith, now in charge of Ward's Island. A junior clerk, aged seventeen, stepped from behind the counter to help unload a large store-box, filled with goods, from a dray. The box was bound with a projecting hoop-iron rim, and in being removed from the dray fell on his hand, crushing it somewhat, and completely severing a finger at the middle of the second phalanx. The patient, at the injunction of his master, picked up his finger, carried it about one-fourth of a mile to the hospital, and delivered his charge to Dr. Smith, with directions to save the member at all hazards and regardless of expense. The divorced member, properly cleansed and coaptated, was retained *in situ* by delicate horse-hair sutures all around, wrapped in cotton batting, and discharged "well" in due time.

The third case occurred July 4th, 1871, to a young man whom we have met in private practice. While chopping ice with a hatchet, on a pic-nic ground, he chopped off an index finger. It was re-adjusted and perfect union followed. The cicatrix is still quite visible, and the function but little injured.

The fourth happened in the practice of the writer, a short time previous to that of Dr. Smith, and under kindred circumstances. A sailor, while discharging his cargo, had his hand forcibly sandwiched between two sharp-edged bars of iron, and a finger completely severed midway in the second phalanx. He also had presence of mind, or curiosity enough to bring it with him, and perfect union resulted, or at least promised when, after two weeks, his craft left port.

Another case, illustrative of the recuperative powers of man, and indeed the most marked we have ever met, occurred on the night of the 11th of last April, in the person of a boy, aged five, Jas. B.; while playing with freight cars, in company with larger boys, it appears his head caught fast between the rail and the wheel-flange of a car in motion. His right hand was severely bruised and lacerated. A perpendicular lacerated wound connected the inner canthus of the right eye and the mouth, and a seeming incised wound extended from the left supra-orbital foramen upward, backward and downward to the seventh cervical vertebra, severing every particle of tissue in its track, hugging closely the bones, and exposing the sutures thereof to common view. On our arrival the scalp was retracted on either side, and the skull apparently protruding, as in a dead subject about to lose its calvarium. Here was an excellent chance for *cranioscopy*, but rather unpromising for *cranioplasty*. I need not state my prognosis felt and expressed, yet something must be done. I did not even have chloroform to mitigate pain. With one assistant holding a light, and a second supporting the flaps laterally, I coaptated the parts with horse hair sutures, forty-eight in all, and the child made an excellent recovery.

BUTTERMILK VS. MORTIFICATION.

This article has always been considered a standing joke; please put it among your most valuable remedies. Our neighbors, professional and non-professional, of the British Isles and continental Europe use it in that class of diseases called zymotic. We believe it has anti-zymotic virtues, but that its greatest remedial powers are manifest in the treatment of mortification. We first used it as a local application at the suggestion of our esteemed friend, Dr. J. T. Carpenter. A boy, aged sixteen, had his arm severely bruised and lacerated, having been run over by a railroad wagon. The skin was almost entirely gone from the wrist to the elbow; the muscles were bruised and torn, and the radius scraped by the flange. Mortification followed, and despite poultices, nitric acid, and nitric acid lotion, nitrate of silver, and everything else, vesicle, bleb, sphacelus followed vesicle bleb and sphacelus inch by inch. The Doctor was called in consultation, and fully agreed with us that there was little or no hope of saving the limb, and that we should amputate next day. It was in the country; the dressing was used up, and buttermilk was resorted to for the night. So marked was the improvement next morning that this dressing was continued and the boy made a good recovery. We have since used it satisfactorily in many lacerated wounds threatening mortification, the severe scalp wound already noted included.

RHYTHM OF RESPIRATORY MOVEMENTS.

BY GUSTAVE LIEBMANN, M. D.,
Of Baltimore, Md.

Prof. Vierordt, of Tubingen, was the first investigator who made use of the graphic demonstration of respiratory motions of human beings. The curves he obtained exhibit the absolute times of inspirations and expirations, and further the relative size and successive growth of the latter. The Professor urged the writer of this to experiment on animals, because of the possibility to follow the movements under optionally produced pathological conditions. The followlowing is a resume of the most striking facts and conclusions arrived at. ("Versuche über Rhythmie der Athembewegungen," Tubingen, 1856, by G. Liebmann.)

I. METHOD.

A lever, closely following the respiratory movements, writes these down on a kymographion drum, whose revolutions in a given time are known. If the frequency is comparatively small, and if we succeed in obtaining wide curves, a fine brush produces lines sharp enough in proportion to the

breadth of the respiratory curves. We can, therefore, determine—

a. The times of inspiration and expiration.

b. The relative size.

c. The mode of increase, decrease, and of decline of the curves.

On a dog we proceeded thus:—

The short arm of a vertically moving lever rested on that region of the animal whose respiratory movements were to be examined. The longer arm, supplied at its anterior end with the brush, wrote down the movements.

But if the latter were very frequent, then the above technical means were no longer applicable. The curves had to be registered then much finer. To reach this we made use of a human hair, which transcribed the motions on a blackened paper, by means of the sphygmograph. The necessary fixation of the animals was always provided for; most of them rested so nicely that the experiments were never interrupted.

It is obvious that these observations on animals are less open to criticism than those on human subjects, which, noticing that they are under observation, breathe more frequently and deeper.

In order to measure the *broader curves*, which were written down by the brush, I made use of two rules, which I placed perpendicularly to each other, doing which I got the abscissa (length of time) and the ordinate (size) of respiration expressed in millimeters.

To measure the *narrow curves* I used a micrometer, by which I could determine the abscissa (time length) down to one-tenth of a millimeter with the naked eye.

In this manner eight hundred and twenty-six curves have been measured, and I think that some questions concerning the rhythm of respiration are thus solved.

II. VARIATIONS IN THE DURATION OF RESPIRATORY MOVEMENTS.

If we put down the duration of the *shortest* respiration (inspiration and expiration with eventual pause) = 100, we find with the dog the *longest respiration* to be an average = 178.

This figure comes near that obtained by Vierordt on human subjects.

The rabbit showed 217, the results varying more during the several experiments than with the dog.

With younger individuals the variations seem to be greater than with older ones.

Under ether and chloroform narcosis of the animals I found a lesser variation of the length of respirations than in their normal state.

After *section of the pneumogastric nerves* the duration varied less than normally, but the *number* of respirations fell considerably, although immediately after the operation the number increased for a few minutes.

If we brought on dyspnœa by closing up the mouth and nose of the animal the duration of respirations varied considerably and the latter increased in depth.

After we closed up the mouth and nose of the dog, whose vagi had been cut, the animal remained entirely quiet, and breathed when air was admitted again even less frequently than before. Although the animals after this operation were breathing laboriously, and had a cyanotic appearance, there is still the question, *whether they feel real dyspnœa*, for aside from the laborious breathing they seem not to suffer until the last day of their shortened life.

III. RELATION OF TIME OF INSPIRATION TO THAT OF EXPIRATION (CELERITY OF BREATHING).

Up to the time of Vierordt's experiments on human subjects there was the general opinion, and it is prevailing still, that the inspiration lasts longer than the expiration, and of course a long expiration was looked upon as a symptom of disease. Now the Professor's researches put down the figures thus:—

a. Average time of inspiration, = 100
b. " " expiration, = 140—240

On animals I found the following:—

On dog 1, inspiration..... = 100	} Celerity	
" expiration..... = 148	}	148
On dog 4, inspiration..... = 100	} Celerity	
" expiration..... = 133	}	133
On rabbit 3, inspiration..... = 100	} Celerity	
" expiration..... = 126	}	126

I must add here that the pause of breathing occurring sometimes right after the expiration and before the new inspiration was counted with the expiration. The term "celerity," which I use, is derived from Vierordt's nomenclature, and does not mean the length of respiration as a whole, no matter long or short, but the proportion of length of inspiration to that of expiration.

Now I found that the celerity goes hand in hand with the frequency of respiration.

If, for instance, dog 1 was breathing more easily, the celerity increased (inspiration got stronger, expiration longer), whereas the rabbits, which breathe very frequently, showed a decrease of duration of expiration, and, of course, longer inspiration.

In *chloroform narcosis* I found a smaller celerity, that is, a *longer inspiration.* Dog 4, which showed normally a celerity of 133, when under the influence of chloroform, exhibited only 111 (expiration fell at the cost of inspiration), and showed 150 again at beginning recovery.

The section of the per vagum nerve produces singular effects.

If we count the long pauses to the expiration then we obtain celerities which are somewhat higher than the normal ones. But if we detract the long pauses which occur under these circumstances, and count only the real time of expiration, then the most abnormal celerity takes place. The time of inspiration to that of expiration is = 100 : 126.

This preponderance after section of the nerves was a known fact, but the rate of celerity, expressed in figures, was not settled before our experiments and measurement of curves, which refute the assumption that normally the time of inspiration is longer than that of expiration.

Just the reverse is correct. Normally, inspiration is shorter, expiration is longer, and only morbid conditions bring on a different rhythm.

EXTIRPATION OF A FATTY TUMOR, WEIGHT, 9 LBS., 4 OZ.

BY E. G. BRADLEY, M. D.,
Of Cotton Plant, Ark.

Mrs. C., the subject of the operation, is about thirty-five years old, the mother of five children, sympathetic temperament, always enjoyed uninterrupted health. The tumor was located to the left of the dorsum of the spine, extending from the spine of the scapula to about the ninth rib, occupying an area of about twelve inches in length and eight inches in width. The development of the tumor commenced about five years ago. When it was first noticed it was said not to have been larger than a common sized marble, and seemed to grow very slowly till about two years ago, and within the last twelve months it grew very rapidly.

I was sent for to see the lady, May 1st, 1873, and on the morning of the 2d of May I made preparations to operate. The lady was placed on a table on her right side, with her shoulders slightly elevated. Drs. Stephenson, Grigsbey and James were present. Stephenson and James administered the chloroform. I commenced by making a longitudinal incision, beginning above the spine of the scapula, and carrying it down to below the ninth rib, immediately over the centre of the tumor. I then had Dr. Grigsbey to press the tumor on both sides in order to make the incision gap open. Next I dissected the integuments from the tumor down to the body on both sides. I then sponged the blood out from under the skin and used Monsel's solution of iron as a styptic, which soon arrested all hemorrhage that amounted to anything. I directed my assistant to raise the tumor with his fingers while I dissected it loose from the Trapezius muscle, and after detaching it from its orbit, I lifted it out and ligated four small arteries that were attached to the tumor, and sponged the cavity out with Monsel's solution, drew the edges of the wound together, closed it with interrupted sutures about one inch apart, and ordered a towel wet in cold water to be applied to the wound and repeated every half hour. The patient was then roused up from the influence of chloroform and given some brandy and water, and placed in bed, reaction taking place in about three-quarters of an hour; pulse rose to 90 to the minute. I ordered one-fourth of a grain of morphia and two grains of quinine to be given every four hours during the remainder of the day and that night. Patient rested very well. As it was about thirty-five miles distance from my residence to the patient's residence, and no railway conveyance, I left the patient in the care of Dr. E. O. Grigsbey for subsequent treatment.

On the third day after the operation I was sent for by Dr. G., stating to me in a note that my patient was losing too much blood from the wound. I obeyed the summons immediately. On arriving I found my patient very much alarmed, and on examining the wound I found that there was no real hemorrhage; it was the clot that had formed under the skin of the flaps that was dissolving and passing off through the interstices of the wound. I took a pair of sharp pointed scissors and cut the stitches, and attempted to open the wound in order to

wash it out. On attempting to separate the edges I found that union by the first intention had taken place more than half way of the wound. I ordered some warm water, and, taking a syringe, injected the cavity of the wound thoroughly and washed out all the coagulated blood, and then injected a solution of carbolic acid, tannin and glycerine under the flaps, and ordered it to be repeated twice daily, also to keep a towel wet with cold water laid on the wound; also ordered a dose of castor oil to be given, which was done and her bowels were moved. I then put her on the use of port wine, full diet, iron and quinine, three times a day, and left her in charge of Dr. James, and at the end of two weeks she was able to walk about the house and sit up during the day; and at the end of six weeks she was as well as she ever was. Meanwhile she nursed an infant about three months old.

A CASE IN OBSTETRICS.

BY E. F. CHESTER, M. D.,

Of Cedar Springs, Mich.

The cure I am about to report will, I trust, be of interest to the medical profession, as the treatment I adopted was attended with marked success.

Mrs. J. P., aged twenty-nine years, a small woman, of anæmic appearance, consulted me on the 1st of March, 1873. The history of the case is as follows:—Mrs. J. P. has had one child, and at the time of her labor craniotomy was performed. The early stage of her former labor appeared to go on favorably enough for a short time, but uterine contraction became feeble after a few hours, and at last entirely ceased, whilst the head was above the brim of the pelvis. Symptoms of prostration were present, and after waiting thirty hours it was considered by her medical attendants that further delay might prove serious, and craniotomy was performed.

She consulted me at the sixth month of her second pregnancy, and gave me the history of her case. I told her that I would correspond with her attending physician. I did so, and became convinced that the following course was the best and complicated with the least danger. I recommended exercise in the open air, a good generous diet, combined with iron and quinia sulph. Taking into consideration the history of her first labor and the risk I should run by allowing the patient to go on to full time, I decided to induce premature labor. At the end of the seventh month I considered myself justified in so doing, for the patient was anxious to have a living child, and the risk of inducing premature labor at the end of the seventh month would not be attended with so much danger to the patient.

On the 1st of April I commenced operating for the induction of premature labor by introducing a sponge tent and keeping it in position by a plug in the vagina. This I removed every eight hours and introduced plugs of a little larger size; warm water was thrown up the vagina for the purpose of enlarging the sponge tents. I pursued this plan of treatment for nearly four days and dilatation began to take place. On the morning of the 4th of April, the strength of the patient beginning to diminish, I decided on puncturing the membranes, which I had declined resorting to in order to afford protection as much as possible to the child. The membranes were easily reached with the finger, and a large quantity of liquor amnii escaped. I then administered a teaspoonful of the fluid ext. of ergot (Tilden & Co.'s) every half hour for two hours. Pains commenced and continued at intervals until nine o'clock P.M., when they began to diminish. Every effort was made on my part to keep up the strength of the patient; beef tea and wine were given many times during the day. At ten o'clock P. M. her pulse rapidly increased in frequency but diminished in strength. The head of the child was then entering the cavity of the pelvis, and the pains being inadequate, I decided on terminating the labor as soon as possible. I administered a little chloroform, and applied the forceps, and very soon succeeded in bringing into the world a living child.

My patient made a rapid recovery, and at this writing both mother and child are enjoying a good degree of health.

"Mrs. Winslow's" Soothing Syrup.

In the City Registrar's report, of Providence, R. I., for July, Dr. SNOW says:—

There were two deaths in July from poisoning. One was from an overdose of morphine; the other from Mrs. Winslow's Soothing Syrup. There ought to be some power to stop the sale of a rank poison like Mrs. Winslow's Soothing Syrup under the false pretense that it is perfectly safe.

Editorial Department.

Periscope.

Remarks on Colles' Fracture.

From a lecture on this lesion by Dr. R. M. Hodges, of the Massachusetts General Hospital, in the Boston *Medical and Surgical Journal*, we extract as follows:—

It is an unusual thing for the signs of this fracture to be so obscured as to leave any uncertainty in the diagnosis. The subsidence of swelling is not to be looked to for dispelling obscurity. It is apt to be very persistent, and the mere fact of a general swelling in this region is in itself evidence of a fracture.

Patients are apt to think if the movements of the wrist-joint are retained and they can flex their fingers, which is often the case, that no bone is broken. Supination is, however, invariably impaired. The hand pronates perfectly, and it is the position of pronation which the injured limb instinctively assumes, but on supinating it pain is provoked so soon as the thumb is uppermost. This is explained by the injury of the pronator quadratus muscle, always caused by the fracture, and which reveals itself when the fibres are extended in rotating the radius.

Dislocation of the wrist is of such rare occurrence that it does not complicate the question of diagnosis. It is easier to mistake the injury for a sprain. The fracture being impacted, the head of the radius still rotates at the elbow, and crepitus is not common. Ligaments, the tendons and tendinous sheaths with which the bone at this point of fracture is surrounded, also unite the interlocking fragments.

It occasionally happens that the impacted bones cannot be disengaged; or the amount of force requisite to accomplish it is such as to render persistence in the attempt unadvisable. Some say that in old women no effort should be made to effect this; and others assert that the fracture reduces itself if the arm is properly "put up." When there is a strong lateral displacement towards the radial border of the arm, with a prominent styloid process of the ulna, the deformity is apt to be permanent, as these features imply deep impaction and a firm dove-tailing of the bones.

To obtain reduction, extension should be made from the hand, or from the thumb alone, if there is lateral displacement, while counter-extension is made from the elbow. The surgeon then presses and kneads the fragments into place. By forcibly flexing the hand, the extensor tendons may be made to aid in pressing the fracture into position.

A great many splints have been devised for the treatment of this injury; but at the present time there is a belief that it does not require elaborate apparatus. Among all that have been proposed, there is none of more general usefulness than what is called in this hospital "a spoon splint," a straight splint carved to fit the dorsal aspect of the arm and hand. It extends from the elbow to the ends of the fingers, and is accompanied by an inside splint, shorter, but reaching from near the elbow to the middle of the palm. These should be as broad, or broader, than the arm, and are best padded with towels. Any provision, either in the splint or the padding, intended to wedge apart and maintain the interval between the radius and ulna is useless. There is no interval at the point where this fracture occurs. The splints should be adjusted without previous bandaging of the arm, and held in place by tapes or inch-wide strips of adhesive plaster. A roller bandage is then applied, and if the tapes or adhesive strips have been properly secured, this should not be put on too firmly. Tight bandaging is a cause of synovitis in the sheaths of the tendons.

A pistol-shaped splint is occasionally used when there is much lateral displacement of the hand, but its efficiency in correcting this deformity is not very great.

Four to six weeks, according to the age of the patient, should be allowed for the wearing of splints, and the bandages should be changed as seldom as possible. If swelling and pain persist, the splints should be continued even longer than the time first named. In this hospital most of us believe that passive motion, so long as pain and tenderness remain, only aggravates the condition it is designed to remedy.

The articular inflammation which is frequently set up by the proximity of the injury, or by actual implication of the joint, is a source of stiffness which is sometimes unjustly charged to mismanagement by the surgeon. An adhesive inflammation of the sheaths of the tendons is another and perhaps more frequent cause of stiffness. The rigid and deformed wrist and fingers which may follow skillful treatment must be anticipated by any one who takes upon himself the care of this fracture, and advanced age in the patient adds to this liability. Mere deformity, however, does not interfere with the ultimate usefulness of the limb. Pains should be taken at the outset to forewarn those interested of these possible and often wholly unavoidable contingencies.

Prolonged bathing of the hand and wrist in warm water, and gentle friction with an inelegant but very useful liniment, composed of equal parts of lime-water and linseed oil, will do more to limber and soften the fingers and wrist than any passive mo-

tion, however unrelenting. It should be remembered that the flexor tendons of the fingers, both superficial and deep, run in one synovial sheath, and that any attempt to remedy stiffness in their movements can be accomplished more readily by flexing each finger separately, than by bending them all together, as is frequently done. If there is persistent pain, which unfortunately often happens, even the motion produced by rubbing is best omitted until irritation has subsided. Any violence that excites inflammation is prejudicial.

The Surgical Treatment of Constrictions of the Cervix Uteri.

We learn from *The Doctor* that M. COURTY has recently read a paper at the Surgical Society of Paris, on the above subject. He commences by taking for granted certain propositions which he has alluded to in another work, namely, that there are some cases of imperforated cervix, some congenital constrictions, and some strictures, which are the results of anterior disease, and which are almost always due to the formation of a cicatricial tissue, affecting more or less profoundly the mucous membrane and the tissue connected with it; that there exist in certain cases, such as congenital narrowness, simple spasmodic contractions; that these contractions, which are dilatable at one epoch, become permanent as time goes on, and can no longer be dilated, that is, they pass into a condition of retraction by the substitution of fibrous tissue in place of muscular; that in these narrowings, as in those of the prepuce and several other natural orifices, the cause of the deformity is far from being constantly alike, but that it sometimes is exclusively limited to the sphincter or muscular ring, which causes the mucous membrane to fold up as a purse does by its strap, or may be limited to the mucous membrane of the vaginal surface, or intra-cervical wall, or of both together, or lastly it may affect all the tissues which participate in the formation of the orifice, in this case extending only a short distance. In case of imperforation occurring after disease, there may be deviation of the orifice, in consequence of the irregularity of the cicatrices or partial hypertrophy of one or other of the two lips.

Slow and renewed dilatation especially by means of tents, is useful in organic strictures, and as in urethral strictures this is no mere palliative, for it may provoke the gradual resolution of the hypertrophy which causes the stricture, if it be not too old. This kind of dilatation should be tried first of all in every new case, and in some it will be found unavailing.

He mentions that the method of double incision has performed good service in his hands. In some cases it is sufficient. He makes use of a straight buttoned tenotomy knife for this purpose, steadying the cervix by means of forceps.

This incision of the cervix, however it may succeed in certain cases in restoring sufficient dimensions to the orifice, is not constant in its effects by any means.

In a large number of cases, cicatrization of the cut tissues takes place ere long, so that the orifice is restored to its former condition, even although catheterization have been kept up with the greatest care. Sometimes this may have the effect of lessening dysmenorrhœa, but we cannot hope that it will cure the sterility. He has even seen dysmenorrhœa reproduced often with the return of the narrowness of the cervix. Then takes place here what so frequently happens in divisions of inter-digital webs; if we do not from time to time interpose catheters between the two lips, they unite prematurely, sometimes by first intention.

Sometimes he has recourse to a true autoplastic operation on the os and cervix uteri, and creates an artificial os uteri, presenting conditions of form and dimensions as analogous as possible to the natural orifice, and constructed just as we form partially a palpebral or buccal enlargement. He has up to this time made some dozen of such autoplastic operations with lateral flaps; among all of these patients dysmenorrhœa disappeared, and three of them ceased to be sterile.

Summing up, M. Courty observes, that when strictures of the cervix, and especially of the os uteri, will not yield to dilatation, it is possible to apply three kinds of surgical operations; the first, simple incision at once by means of cutting instruments; the second, the slow section of each commissure by means of a ring and gradual constricture by a metallic thread; the third, by auto-plastic operation on the uterine orifice.

Recent Therapeutics.

An English cotemporary gives the following therapeutical summary:—

Carbolic Acid has been praised in prurigo and pruritus, subcutaneously injected in doses of about one centigramme of the acid mingled with water. It has been used externally in acute articular rheumatism as a liniment mingled with linseed oil.

Arsenic has been recently recommended in cases of strumous enlarged glands of the neck, and also in pellagra.

Bromine.—Inhalations of bromine have been used in croup and diphtheritis; 30 centigrammes of bromine, 30 of bromide of potassium, and 150 grammes of water are combined in a lotion; and a sponge imbued with this fluid is placed before the patient's mouth for five or ten minutes every hour.

Bromide of Iron is employed by some in cases of spermatorrhœa and involuntary seminal emissions, in doses of fifteen to twenty-five centigrammes occasionally; and, before the patient goes to sleep, in a dose of fifty centigrammes.

Bromide of Potassium has recently been used in cases of the sickness of pregnancy, and in cases of leucorrhœa, effecting cure in less than two months in the latter case. It

is useful in summer diarrhœa in infants, in doses of three centigrammes every two hours.

Bromide of Sodium has a similar efficacy to that of bromide of potassium in epilepsy, and proved a cure in one case of tetanus.

Coffee has been given in infusion in cases of infantile typhus fever.

Conium has been used successfully in cases of mania, accompanied by muscular agitation. It acts on the motor centre, sparing the sensory tracts. Of twenty-five patients treated by this substance, twenty-two times the muscular agitation subsided.

Hydrate of Chloral has been used in cases of nocturnal incontinence.

Chloride of Potassium has been used instead of bromide in epilepsy, and it is asserted to be more efficacious. Dose: 3·50 grammes to 5 grammes a day.

Copaiba has been recommended in certain cases of psoriasis.

Iodine has been recommended in cases of nocturnal incontinence of the aged; one drop of the tincture every hour in water. The tincture has also been recommended in doses of ten drops in intermittent fever thrice daily.

Iodoform is used in chronic venereal ulcers, and much praised as an antiseptic.

Iodide of Silver is recommended in whooping-cough.

Koussine is an excellent vermifuge, and is given in the morning in doses of 1·25 grammes in a little syrup.

Phosphorus has been recommended in chronic skin diseases in oil; or gelatine capsules containing each from two to six milligrammes of phosphorus in oil. Acne, indurata, lupus, psoriasis, and scrofulous skin diseases have been cured by such means.

Prognosis of Delirium Tremens.

Dr. MAGNAU, in the *Mouvement Medical*, of May 30th, remarks that it is important to diagnose what cases of delirium tremens are likely to prove fatal, when the early appearance of the disease is so constantly similar. Delirium proves nothing, for it may be intense in a slight attack. What is most important is the temperature. The attack of delirium tremens may be febrile or apyrectic. In feverish cases we see the temperature rise rapidly to 39°, 40°, 41°, 42°, and even, in some cases, to 43°. If the termination is to be favorable, we notice towards the fourth or fifth day a sinking of the temperature, which gradually becomes normal. If, on the contrary, the termination is to be fatal, the temperature remains stationary, or rises to the last. In non-febrile cases, the thermometer oscillates between 38° and 39°, and about the third day becomes normal.

A second prognostic sign consists in motility. The trembling of the whole body is not the most important symptom. There are undulations of the muscles which continue during sleep, and are constantly observed when the hand is applied to the muscular surface of the patient's body. In such cases we may affirm that the prognosis is grave, the spinal cord is attacked, greatly hyperæmiated, and destroyed even in certain points by hemorrhage.

A third sign consists in the feebleness of the lower extremities; a kind of paraplegia.

M. Magnau insists that we must not confound febrile alcoholism with fever arising in a drunkard from a wound or inflammation.

Treatment in Nervous Diseases.

Dr. CHARLES ELAM recently read before the Royal Medical and Chirurgical Society several cases where striking and unexpected benefit resulted from treatment by the bichloride of mercury.

The first case was that of a boy, æt. 6, who, on being brought first to the hospital, presented every appearance of being affected with an advanced organic disease of the brain, most probably of tubercular origin, characterized by imperfect paralysis, squinting, double vision, and stammering, with greatly enfeebled faculties. As it was considered that no treatment could render the case more hopeless than it appeared to be, he had prescribed half-drachm doses of the solution of bichloride of mercury, and was ordered to be kept in the recumbent position. This treatment was continued without change of any kind for two months; at the end of which time recovery was complete. There was no trace of disease, bodily or mental, to be detected.

The second case is one of a female child, æt. 3, presenting the aspect of perfect idiocy, with general paralysis both of upper and lower extremities, loss of speech and power of attention, with involuntary and constant passage of urine and fæces. For similar reasons this case was treated like the former; and in one month the child was able to run about, to attend when spoken to, and to attempt to imitate articulate sounds when told to do so. A change in medicine was followed by an immediate and serious relapse, and the bichloride had again to be resorted to, when improvement again occurred. The child is still under treatment, but very much improved in every way.

The third case is one of subacute congestion of the brain in an adult, where treatment by the bichloride produced the most favorable results.

The second part of the paper relates to the treatment and prognosis of epilepsy, and the propositions attempted to be illustrated are as follows:—

1. That during the last five or six years our relations as a profession to epilepsy have greatly changed. Formerly this disease was considered one of the most serious and intractable that we had to contend with; whereas now, in its relation to treatment, it will compare favorably with any other forms of chronic disease.

2. That the great majority of cases receive benefit from treatment at the outset; and that a by no means small proportion appear

to be cured from the first, never having another attack after the commencement of the treatment.

3. That another large section resist treatment for some time, even months or years, after the first improvement and subsequent relapse, and yet ultimately yield to it and recover; that is, the intervals are so prolonged that it amounts to a virtual cure, years elapsing without any attack.

4. That hereditary and congenital epilepsy, and also that resulting from injury to the head, are in many cases amenable to treatment, often with very great relief and indefinite prolongation of the intervals, and in some cases appearing to be entirely cured. One of these undoubted cases has been seven years without any return of the affection.

5. That the most intractable cases may be classified under three heads:—(*a*) Those that are both congenital and hereditary; especially where there has been not only epilepsy but insanity amongst the ancestors; (*b*) those where there is faulty formation of the head, as want of bilateral symmetry, or, what is worse, marked deficiency in the cerebellar region; (*c*) those cases where the head is well proportioned, but much smaller than the natural standard, as, for instance, the occipito-frontal circumference ranging from eighteen to nineteen inches in the adult.

These are probably the cases most rebellious of all to treatment.

The Signs of Alcoholism.

In the Dublin *Journal of Medical Science* Dr. A. H. McClintock gives the following test:—

1. With persons given to excess in the use of alcohol, there is a peculiar odor of the breath so characteristic that, from it alone, one may almost predict the habits of the individual. It possesses somewhat of an ethereal taint, and has, at times, a strong resemblance to the odor given off in saccharine fermentatian. Once perceived it is not readily forgotten or mistaken. Its presence always admits of detection, and, when detected, it suggests the direction our inquries ought to take. Guided by this symptom, I have many a time been saved from committing blunders of diagnosis and treatment. It has awakened the first suspicion, and thus supplied the first clue to the real cause of the patient's ailments. These patients are generally themselves conscious of their breath being impure, and they will artfully try to prevent your getting a full whiff of it; hence, an averted mouth, or the hand kept on it when speaking, may sometimes enable one to suspect the patient's habits, even before catching the odor of the breath.

2. Vomiting, as every one knows, is a common effect of a drunken debauch. But vomiting may also present itself in a more persistent way in consequence of the immoderate, though not intoxicating, use of stimulants. The irritability of the stomach is often such that for many hours the organ will not tolerate the smallest quantity of the blandest fluid. Some of the worst cases I have ever met with of persistent convulsive vomiting were of this kind. In one instance, that of a young married woman, the protracted violent efforts of vomiting and retching were most painful to witness, and well nigh threatened to extinguish life by their uncontrollable severity and long continuance. This patient used to take about a flask of brandy, with a free allowance of champagne, in the twenty-four hours, but yet never presented the appearances of intoxication.

3. There is undoubtedly a form of diarrhœa occasionally induced by acute chronic alcoholism, and long before any structural disease has taken place in the stomach or liver. After any excess in the use of alcoholic beverages many persons get an attack of diarrhœa, and this from its cause has received the epithet of crapulous diarrhœa. It would seem to be excited in consequence of the pylorus allowing the food to pass in an undigested state, so that it acts as an irritant to the intestinal canal, causing increased exhalation and peristaltic action, accompanied by pain and griping. Examination of the fæces shows the imperfectly digested state of the food, which is commonly acid, and sometimes putrid, from an insufficient admixture of bile to prevent decomposition. Besides this crapulous form, diarrhœa is sometimes met with in other cases of chronic alcoholism, even where the intemperance is of a moderate kind, never amounting to intoxication.

4. Nothing is more common in persons of intemperate habits of every degree, than a slight tinge of jaundice, seldom amounting to more than what would be called a bilious hue, in the conjunctivæ. This sometimes succeeds to vomiting (and may occur no matter what has caused the vomiting); and it may result from organic disease of the liver, induced by the prolonged use of alcoholic drinks; but, independently of these classes of cases, we meet with it as a symptom of chronic alcoholism. The non-elimination of this bile, whose retention in the blood causes the jaundice, is, most probably, due to the influence of alcohol in retarding or diminishing vital metamorphosis. This icterode tinge of the sclerotic is well known to be a very constant and characteristic feature of the habitual drunkard's physiognomy; but even in the milder cases of intemperance it is occasionally present, and thus serves to aid our diagnosis.

5. I am disposed to think that among the class of moderate drinkers, the appearance of acne in any of its forms is rather exceptional; still the occurrence of acne on the forehead or nose, I do not so much suspect it on the chin, should awaken a suspicion that all is not right, and urge on further inquiries in the alcoholic direction. I have seen marked examples of acne indurata and acne rosacea induced by the habit of taking spirits at bedtime; which entirely subsided when this habit was given up.

6. There is not much, I think, to be

learned from observation of the pulse in these cases, unless we happen to see the patient when under the stimulating influence of drink, at which time the pulse will be found greatly accelerated, even though the patient may be far from intoxication. This vascular excitement, without any morbid lesion to account for it, would then become a very suspicious circumstance. Most observers agree in representing the pulse to be rather slow and feeble during the intervals of intemperance, but yet not exhibiting any pathognomonic character.

7. There is a group of nervous symptoms, two or more of which are pretty constantly present in chronic alcoholism. For reasons already mentioned, I only advert to these in a general way, just to complete the enumeration of symptoms which may attend upon chronic alcoholism, and thus aid in its recognition. This group comprises the following: extreme nervousness; sleeplessness; fidgetiness; muscular tremors; hallucinations of sight or hearing; and epileptiform seizures. Of this last symptom I have only met with one example. The attacks had come on after the patient, a married lady aged twenty-five, had been tippling for two years. She presented many of the other symptoms of alcoholism. I may just mention she was almost the only patient I ever met who confessed, though not before she was charged with it, to being guilty of intemperance.

A word as to muscular tremor. Some writers regard this as the most constant and reliable sign of alcoholism. It is true we may have the same symptom arising from mercurial intoxication, from paralysis, and from pure senility; so that, *per se*, the tremor is not pathognomonic of alcoholism. Nevertheless, the alcoholic tremor generally admits of easy recognition. It may amount to a state of universal rigor, or show itself in the unsteady gait, or faltering prehensile power; it can be suspended under the influence of strong maniacal excitement, and persist during extreme agitation; and sleep has much less effect in stopping it than in stopping the movements of chorea. It is not so apt to accompany alcoholic delirium coming on in the course of another disease, as when this delirium attacks a person otherwise healthy.

Among soldiers a common test of a man's sobriety is his ability to hold the right index and thumb steadily apart at a distance just sufficient to let the light betwixt them and no more.

Notwithstanding this long list of symptoms, it must be confessed that many cases will come before us where we may suspect intemperance, but yet find it hard to prove it. Nay more, chronic alcoholism may exist and yet not reveal itself by any symptom.

On Neuriasis.

This term has been proposed by Dr. RADCLIFFE, of London, to name a condition distinguished by both physical and mental peculiarities which may be spoken of as the symptoms of the disease. They are, a proneness to pass large quantities of pale, limpid, neutral urine under any emotion or excitement, or after it, with a frequent irresistible *besoin d'uriner;* proneness to abdominal flatulence, *pneumatose intestinale;* proneness to fits of laughing and crying without sufficient reason for them; proneness to globus; proneness to overflow of saliva; proneness to constipation, together with tenderness on pressure, with more or less uneasiness, or actual pain apart from pressure, in one or other part of the abdomen, or under the left nipple, or somewhere in the course of the spine, with a marked disposition to spasm, and periodicity in one form or another; and among the mental peculiarities we have, undue self-sensitiveness; overpowering craving for sympathy; quick and perverse likes and dislikes; feebleness of will, showing itself in impulsiveness and in many other different ways; fancifulness; imitativeness; unbalanced spirits, the inclination being commonly towards despondency, and, lastly, a comparatively feeble sense of moral obligation.

In reference to these mental peculiarities self-sensitiveness comes first, and Dr. Radcliffe traces to this the dominant craving for sympathy which so many nervous patients exhibit. Self is never forgotten by such persons, and the good opinion of others is always desired; it is the very breath of life. If this be withheld, all is withheld that is regarded as worth having; and so day after day passes in miserable disappointment, for the good opinion of others is precisely that which, of all things, is most difficult to get, especially when wanted.

Another mental peculiarity in neuriasis, the complement, perhaps, of the last, is feebleness of will. "What I would not that I do, what I would that I do not," is the confession too often made and too truly made, in deeds, at least, if not in words. The mental character is marked by fickleness, impulsiveness, irresolution, want of composure, unrest, and other unmistakable signs of a radical feebleness of will; by willfulness, it may be, for willfulness in nine cases out of ten means the reverse of fullness of will, will over-ridden by some feeling or fancy, waywardness, an involuntary rather than a voluntary state of mind.

Another marked mental peculiarity in neuriasis, more marked, perhaps, than any of those which have been mentioned, is fancifulness. Due care is not taken in forming firm foundations in fact. Conclusions are jumped at too hastily. The dominant faculty is, not reason, but imagination, and the fancies formed are too often indistinguishable from true delusions. A pain or uneasy feeling, for example, is supposed to point to some disease, and soon the reason refuses to be convinced that the disease is not present. This is the characteristic misdirection of the imagination in the so-called hypochondriac. Along with this fancifulness, and, in a sense, a part of it, may be noticed also a marked

disposition to imitativeness. There is a curious readiness to copy the thoughts, words, and acts of others, a readiness which would seem to imply a certain want of originality in their character. There is the gift, which, if sufficiently under control, makes the actor.

Unbalanced spirits may be also mentioned as another of the mental peculiarities of neuriasis. The mental state in this respect is the reverse of that which is called composure. The spirits, judging them by any common standard, are always higher than they ought to be, or lower, the latter more frequently than the former. In neuriasis, indeed, as in mental unsoundness proper, a disposition to melancholy would seem to be more common than a disposition to the contrary state of levity, so common as to have led many to speak of hypochondriasis as a variety of melancholia.

Finally, comparatively feeble sense of moral obligation. In not a few cases, no doubt, exception may very justly be taken to a statement like this. In not a few cases, without question, there is rather a morbid regard for truth and a tenderness of conscience by which the most trifling exaggeration or wrong-doing is made to become a positive torment. But more frequently by far there is a state of things in every way opposed to this, a state marked, if not by a habit of actual lying, by the most extraordinary disposition to exaggeration, and a moral deafness which makes it difficult to hear even the loudest calls of conscience. It is notoriously difficult to get the truth out of a so-called hysterical patient, and it really seems as if she could not help but exaggerate and misrepresent; and though not so notorious a fact, a fact it is nevertheless, that she is more apt to excuse than to condemn herself when in the wrong. And what is true in this case is, so far as Dr. Radcliffe's experience goes, not less true in the great majority of cases of neuriasis, is so true, indeed, as to leave no doubt as to the propriety of placing this feeble sense of moral obligation among the other mental peculiarities of neuriasis.

Reviews and Book Notices.

BOOK NOTICES.

Body and Mind. An Inquiry into their Connection and Mutual Influence. An Enlarged and Revised Edition, to which are added Psychological Essays. By Henry Maudsley, M.D., etc. London, Macmillan & Co., 1873. 1 vol., cloth, 8vo, pp. 342. Price $2.00. For sale by Claxton, Remsen & Haffelfinger.

The study of mind, according to Dr. Maudsley, must begin with the study of the nervous system, its anatomy, functions, and its forces, to-wit, the chemical, electrical, vital, and peculiar nervous forces. What these can explain we require no hypothetical entity such as a Will, Conscience, Emotion, or Mind to explain. His study of the mind is like a theist's study of the Devil; it results in a denial of any mind at all, at least as distinct from forces the results of organic combination.

Dr. Maudsley has two aversions, theologians and metaphysicians. He is doubtful which of these classes has done the world most harm; but he is privately convinced (p. 120) that the superlative of pernicious belongs to one or other of them. The Archbishop of York, as a representative of the former, comes in for a full measure of his most withering satire and severest criticism. The Archbishop had undertaken to say something on the limit of philosophical inquiry; and while Dr. Maudsley agrees entirely that there is such a limit, he does not at all coincide with the Archbishop as to where the stake is to be driven. And on this point he is, to our thinking, just as dogmatic and just as unreasonable as the Archbishop himself. He judges of the nature and results of metaphysical research with the same unfairness, and with the same narrowness, indeed, far more so, than the Archbishop does of physical science.

The true position of the scientific searcher for truth is this: first, that any mental action capable of explanation by forces known to us should be so explained, as it is wholly contrary to scientific method when we have an adequate known cause to seek for any other. Second, that mental actions (for example, memory) analogous to other mental results which are explainable by known forces, should be considered as probable results of the same cause. But, third, true ideas and their organic reactions are in no respect analogous to other known forces, any more than the power of germination is allied to the forces of the inorganic world, and they must be studied as truly resultant, indeed, from lower forces, but also truly and wholly distinct. They stand in relation to the individual as this same germinating force does to the species, lifting him from the contingent to the necessary, and securing to him his indefinite existence, as the germinating power secures the indefinite existence of the species, while on each is impressed also an endless power of improvement so long as they fulfill the laws of their own natures. Let mental science be studied in this manner, and we can dispense with rejoinders and surrejoinders between metaphysicians, theologians, and physicians, with great advantage to all concerned.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 23, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE MENTAL ATMOSPHERE.

The probability of the existence of a mental atmosphere, as recently discussed by a writer for the REPORTER, is a question which has attracted considerable attention, and which in time will probably throw much light on the nature and action of mental phenomena.

We all know that any mental action results directly in molecular change; it is performed at the expense of certain constituents of the nervous system, notably phosphorus. It transmits a definite wave of motion at a rate which has been accurately measured, to the distal extremity of the appropriate nerves; how much further we do not know. Many instances also illustrate the high quality of mental force. It can produce the most important changes, even ulceration or gangrene, in the remotest parts of the body, and aid with equal power in processes of restoration and growth.

That the superficies of the body does not bound its activity numerous facts demonstrate. To pass by the less remarkable and more familiar ones, there is the most positive evidence that those gifted with "second sight," as it was once called, do possess an undefined power of knowledge which transcends the senses. The presence of danger is often felt before any warning reaches us through the senses. Men who live lives of peril know this perfectly well, and are the last to underrate such feelings.

A general in the army, who is at the same time a polished writer and a man of fine education, related to us an instance where his own life was saved by obedience to this instinct. While on an expedition through the Blackfoot country, with no companion but an old trapper as a guide, he found himself one evening strangely impressed with a sense of impending danger. He struggled against it, but it increased. At last he imparted his feelings to his companion. The latter at once urged him not to lose a moment, but to saddle his horse and make for the nearest fort, sixty miles distant. He did so, and arrived there, riding without interruption, just in time to escape a band of revengeful Sioux, who for three days had been pursuing him, and who had reached his camp but an hour or two after his departure.

Another form of this external mental power is that by which a strong emotion or a fixed attention on an object will excite a similar emotion or the picture of a similar object in another person, without any communication. A certain natural analogy and a special training is required to bring this about. The French "magician," Houdin, had established such a mental relation with his son, so that the latter, though blindfold, would at once name an object shown to his father, though the width of a large room intervened. Houdin explains the method he adopted to obtain this mental correspondence, though obscurely. He commenced by looking attentively into a shop window and requesting his son to do the same. Turning away each named what he had seen. At first each would notice many objects not observed by the other. But later they came to observe nearly always the same objects. Then they turned their attention

to classifying their objects similarly, so that their perceptions should follow in some like order. Having reached this point, a strong effort of the will, fixing the attention in a series of perceptions fresh in the mind, would excite a similar series in the mind of his son. This explanation, given by himself, is obscure indeed, but points to certain laws of mental action of which he took advantage.

Undoubtedly as emotional influences are clearly epidemic and contagious, there is nothing incredible in the belief that ideas should also possess equal powers beyond the superficies of the body or the limits of expression.

THE PROFESSION AT THE CENTENNIAL.

The readers of the REPORTER may have noticed in the account given of the proceedings of the late session of the American Medical Association at St. Louis, that a resolution was unanimously adopted appointing a committee composed of a member from each of the original thirteen States of the Union, to report to the Centennial Celebration on the Medical, Surgical, and Bibliographical literature preceding and subsequent to the period of 1776, as a tribute to the memory of Joseph Warren, Benj. Rush, Hugh Mercer, and other noble and patriotic physicians who aided to secure American Independence.

The profession throughout the United States can readily perceive the vast importance of a prompt, laborious, and efficient execution of their part of the work connected with the great International Exhibition, which will be held in Philadelphia in three years from this time, in 1876, and, doubtless, will not fail to give a hearty support to the work already begun by the patriotic citizens of our common and beloved country to make the Exhibition a suitable expression of the productions, in the field of art, science, and manufactures, of the American Continent.

Already have the people of the English, French, and Austrian Empires set us the examples to make such an Exhibition an occasion for the interchange of friendly sentiment and for the development of social and political science. All who have visited the Crystal Palace and the International Fairs which have since been held in Paris and Vienna could not fail to have had proofs that they tend to promote the prosperity and wealth of the people who take the trouble to hold them. In Eastern Russia, India, and Western Europe Fairs were made a contrivance of primitive trade, at a time when travel was not only dangerous but impossible to the mass of the people, because of the great expense necessary to accomplish the journey. Now that modern enterprise has well nigh annihilated space by the introduction of the steam engine, and human invention has brought distant Nations into communication by means of the electric telegraph, the associative principle tends still more powerfully to make of the human race one kindred and one tongue.

The Hon. Frederick Frailey, Secretary of the Centennial Commission, which has its office at 904 Walnut street, Philadelphia, has indicated in the following letter, addressed to the Committee above referred to, in what manner the Medical profession in the United States may contribute to the honor and success of the approaching Centennial. He says:—

"It may contribute—First, By causing to be prepared a full history of the state of medical science in the United States in the year 1776, and trace the progress during the century, marking the great discoveries and improvements that have been made in it, the introduction of new remedies, the changes that have taken place in the treatment of diseases, the forms of surgical instruments then in use and the changes therein that have brought them to the present forms.

"Next, the establishment of the Institutions, Universities, Colleges, Schools, etc., in the order, chronologically, of their establishment, their location, and brief notices of their growth and present condition.

"This merely literary work might be

amplified to any extent needed for the presentation of a complete history of Medicine and Surgery in the United States.

"Secondly, By arranging with the United States Centennial Commission for space in the Exhibition building for an Anatomical and Pathological Museum, in which might be displayed all such objects as could with propriety be presented for popular inspection, and to such a Museum might be added private rooms for collections that would only be appropriate for special inspection and study by professional men and students. Such a Museum should also contain full specimens of the surgical instruments, bandages, etc., used in old times, and others of the intermediate and progressive periods, presenting those in use now.

"Thirdly, The co-operation of the medical profession is earnestly desired in aiding our Board of Finance in procuring subscriptions to the Centennial Stock. It is well known that the Centennial Commission, which was created by an act of Congress, is authorized to raise ten millions of dollars, in shares of ten dollars each, the money thus raised to be applied by the Board of Finance for the erection of suitable buildings in which to hold the great exhibition of the products of nature and art of all nations, and for defraying all expenses that may be incident thereto. It is hoped that after the Exhibition is closed and its affairs finally settled a large part, if not the whole of the money thus subscribed will be returned, but this is, of course, a subordinate matter in so great and patriotic a work. But even if there should be no such return, each subscriber to the Stock will receive a fine engraving from a steel plate, a certificate of his Stock, with the most appropriate devices to show the history of our country for the past century in the development of Arts, Manufactures, Commerce, etc., and retain it permanently."

Through the instrumentality of the State, County, and City Medical Societies, the co-operation of the profession may be readily and effectually had, and we trust that all classes of our people will heartily and patriotically give to this undertaking their support. We especially urge them not to be dilatory in making the requisite preliminary movements.

Notes and Comments.

Erratum.

Page 42, current vol., second line from bottom, and page 44, first line, instead of "Cancer is a typical neoplasm," read "Cancer is an atypical neoplasm." This new word is adopted from the German *atypisch.*

A Translation

The following liberal translation of the beautiful and pathetic hymn "Cardiphonia," in No. 10, Medical and Surgical Reporter, was rendered by John D. Holmes, Student of Medicine.

VOICE OF THE HEART.

When I have sought, by darkness compassed round,
Thee, Jesus, Mighty One, Death's Victor crowned,
Then have I heard a sweet voice gently sound,
"Believe in Me."

And though insane with folly I have been,
In fashion's maze and in the deeps of sin,
Thou hast reclaimed me with this voice e'en then,
"Believe in Me."

Uncertain hitherto, and wandering wide,
I chose the world and worshiped, left Thy side,
Yet still that voice of safety ever cried,
"Believe in Me."

That voice no longer calls in vain; behold
The Word inspires my heart with love untold,
The incarnate Word my feeble heart makes bold,
I follow Thee.

O Father hear, I pray Thee, hear my vow;
Trembling I come and at Thy altar bow;
Receive, accept my contrite heart, I now
Believe in Thee.

Another Scheme.

A doctor, hailing from this city, has invented a new device to wheedle the profession. He claims to have a method, which has been examined and is vouched for by the Professors of the University of Pennsylvania, to shorten labor and mitigate its pains, "by gentle solicitation merely." This device he proposes to communicate to physicians for $20 each. We know nothing of him or his plan, but we do know that his references are wholly unauthorized, and we take him, therefore, to be a person to avoid.

Cholera and the Ordinary Zymotics—Disinfectants.

In his "Tracts for the People," No. 5, Dr. E. M. SNOW, City Registrar of Providence, R. I., says:—

There will be no epidemic of cholera here this month, or this year; but cholera infantum, diarrhœa, and other diseases which might be prevented to some extent by disinfectants, will certainly be here, and will probably destroy more lives than the cholera would if it were present. But it is now as always before; we fret ourselves greatly, and strive to turn the world upside down about a disease that only appears at long intervals, and is comparatively of slight importance, while we take no special heed of diseases which are with us every year, destroying hundreds of lives. Let us now, and at all times, use disinfectants freely, and prevent all the impure air that it is possible to prevent; but always remember that *the use of disinfectants is only an apology for filth*, and that our greatest efforts should be made to thoroughly remove all sources of impure air, and thus render the use of disinfectants unnecessary.

Dr. SNOW strongly recommends carbolic acid as a disinfectant. In his tract he recommends: 1. A combination of copperas and carbolic acid for privy vaults, sink drains, etc. 2. Nitrate of lead, one pound to a gallon of water, to pour into sink pipes and water-closets in houses. 3. Permanganate of potash to purify cistern rain-water that has become foul. 4. Crude carbolic acid for yards, privies, drains, alleys, etc. It will prevent offensive odors, and also drive away flies. 5. Carbolate of lime and chloride of lime, giving the preference to the former, for cellars, yards, etc. 6. Free ventilation, whitewashing and sunlight, for cellars and dark, damp places; and finally, CLEANLINESS, as above.

Miss Jex Blake.

Poor Miss Blake has not yet succeeded in "fixing" things! She is too obtuse to see why men and women may not study medicine together, but others do see objections to it. She is bound to win, however, in some way.

Miss Jex Blake and others, says the London *Times*, although defeated by the recent decision in the Court of Session, are not yet discouraged. Edinburg being no longer open in order to qualify for the medical profession, they have resolved to see what the Senatus Academicus of the University of St. Andrew's can do for them. In appeals addressed to that body they request sanction for the admission of women as students of medicine in the University, and submit the following grounds, among others, on which they rest the application. In reason VIII they say, "The most general objection to the admission of women to a university lies in the supposed difficulty of educating them jointly with male students of medicine." This argument, they remark, may be applicable to every university in the kingdom, with the exception of St. Andrew's, where there are no male students of medicine. In reason X they say, "If a supplementary charter should be needed this could be obtained without delay." They further intimate they are "willing to be responsible for all contingent expenses." Reason XII is, "We are in a position to state that at least fifteen ladies would at once avail themselves of the permission, if given, to matriculate at the University of St. Andrew's." Reason XIII, "We may further state that we, with the assistance of the committee formed in our favor, are prepared at once to hire or build suitable premises for a medical school, and are also in a position to arrange for a complete course of lectures on all the required subjects of medical education which are not taught at St. Andrew's, if the University authorities will sanction such an arrangement, and will subsequently admit us to examination and graduation." It is rumored that the application is favorably viewed by the majority of the members of the Senatus.

We advise Miss Blake to come to Philadelphia or New York, where she will find first-rate medical colleges for women, where she can pursue her studies without molestation.

Professors.

Dr. J. DRUMMOND BURCH is Professor of Anatomy, and Dr. W. Y. GADBERRY of Principles and Practice of Surgery and Clinical Surgery, in the Louisville Medical College. Both are of Yazoo City, Miss.

An Encouraging Friend.

We are not unfrequently gratified by the kind expressions of our subscribers, and from time to time we like to let them know how much we prize their good opinion. To us it is always a most welcome encouragement. We cannot forbear publishing the following kindly words:—

EDS. MED. AND SURG. REPORTER:—

I wish to say a few words in behalf of your valuable journal, of which I have been a

subscriber nearly five years. I am taking five other journals, but I would rather dispense with all of them than my weekly REPORTER. I wait with impatience for its arrival each week, and it affords me much pleasure when I peruse its pages. I most cheerfully recommend the REPORTER to the whole profession.

E. F. CHESTER, M.D.,
Cedar Springs, Michigan.

July 27, 1873.

CORRESPONDENCE.

Cancer.

EDS. MED. AND SURG. REPORTER:—

In your issue of July 19th there is a communication from Dr. Senn on the pathology and treatment of cancer, in which he takes occasion to disparage me by calling me a quack and charlatan, also saying that many of my cases were not cancer, but lupus. Have I not distinctly stated, in my work, that cancer is known by its cells, and when these are absent there is *no* cancer, and when present there is cancer, be the sore large or small? Here he impeaches the moral honesty of a man to whom he is a perfect stranger, a thing I would not do. He says, "Dr. Bright's pathological views of cancer are fifty years behind the times." If he knew the theory of cancer fifty years ago he would know that it was thought to be a blood disease, and only showed itself by external ulceration, hence it was thought to be incurable. This I deny, when I say, as above stated, that cancer in the first instance is local, and only known by its cells, and becomes constitutional only by absorption. We would be edified if the learned gentleman would give us the pathology of cancer fifty years ago (using quotation marks and giving his authors). Then compare it with my work on cancer and see whether I am modern or antique.

He refers to *Bennett*, *Rokitansky* and *Virchow*. I would have him know that I have read carefully the works of those eminent authors, and esteem them highly. I am borne out by each of these gentlemen in defining cancer by its specific cells. He makes me to say that I pull out cancers by the roots, which is *not true*. I deny in my work that cancer has any roots, *as such*, in the distinctive idea of roots. I say there are diseased lymphatic vessels that are falsely called roots. Again he says, "To publish cases, to say the least of it, is unprofessional." What book or periodical has he read on the practice of medicine that did not give cases and their treatment? He calls me a quack, I *suppose*, because I prefer caustics to the knife. I indignantly deny the appellation, and am too much of a gentleman to call any man a quack because he differs with me in opinion, until the facts appear to establish the truth of the assertion. I would fain hope that he is too much of a gentleman to think so, though his tender parts were touched when he was prompted to use those words. If he will read my work again he will see that I say, if all the diseased lymphatics can be removed by the knife it should be used, but as there is, and ever will be, doubts on that subject, and the caustics are calculated to follow the diseased vessels, they have an advantage over the knife.

In my experience of sixty years with cancer I hesitate not to say the caustics are the most certain remedies. Again, he fears hemorrhage when caustics are used. I infer that he never saw a cancer taken out with caustics, or he would know there is no danger of hemorrhage. He prefers the knife because he would remove "every vestige of a suspicious character." I agree that would be right if it could be done, but how can you know that you have removed every vestige of a suspicious character? Our best surgeons will acknowledge it is hard to do; furthermore you will have to remove more sound skin and muscle by the knife than by caustics. He also claims the wound would heal by the first intention. Did you ever know it to do so? Where would you get flaps from to cover the wound? If you leave enough skin to cover the wound you have a substance infiltrated with cancerous matter and a failure will certainly follow.

I know not the gentleman's qualifications, nor do I pretend to guess at them, but from his remedy in "black vomit," in yellow fever, I am satisfied he is unacquainted with the disease, nor has he ever felt its power, or he would not even think of using so powerful an irritant in the stomach as cantharides.

Finally, I care not how much any gentleman may criticise my views or practice. This he has a right to do, but let him use the respect due the profession, and not put himself on a level with those who have no respect for themselves.

J. W. BRIGHT, M. D.

Lexington, Ky., July 25, 1873.

Delivery of Entire Amniotic Sacs.

EDS. MED. AND SURG. REPORTER:—

In the MEDICAL AND SURGICAL REPORTER, of July 19th, I notice that Dr. J. M. Hall, of Fayetteville, Ohio, reports the delivery of an entire amniotic sac, intact and containing a fully developed but *dead* fœtus.

Though but a tyro in the practice of obstetrics, yet I am pleased to call the attention of the medical profession to *two* such cases in the first five years of my medical experience.

Case No. I. On the morning of January 9th, 1872, I was called to Mrs. B., in her fourth confinement, who was delivered, after a two hours' labor, presenting no unusual characteristics, of a full grown and evidently full term fœtus, enclosed in an unruptured Amniotic Sac.

One very powerful and protracted uterine contraction sufficed for the delivery of this, to me, novel phenomenon.

Learning from tactile information that the enclosed fœtus was alive, I proceeded to

make gentle traction, and another pain immediately delivered the entire product of conception.

The time occupied could not have been more than three minutes; I immediately ruptured the sac, which required considerable effort, and the new babe commenced respiration without difficulty, and is still alive and healthy. The mother made a rapid recovery.

Case II. Mrs. M. G., Irish. After a hard day's work at washing, commenced to flow in the night following. I saw her in the afternoon, when she had occasional pains and some considerable hemorrhage. I gave her gallic acid and morphia, and prescribed perfect rest.

The pains and hemorrhage ceased subsequently, but while pumping water a short time after, the pains again recurred. This time I became certain of miscarriage, gave ergot, and waited until the uterus expelled the fœtus, which nature soon deposited in my hand. The fœtus was two months from conception, amnion perfect. Have it still in my possession, perfect as when expelled.

A. G. Blodgett, M. D.

West Brookfield, Mass.

Preparatory Medical School in Wisconsin.

Eds. Med. and Surg. Reporter:—

The Winona Preparatory Medical School, organized a year ago, is now in successful operation. This school, located in Winona, like the one in St. Paul, Minn., and that in Portland, Maine, is not in existence for the purpose of granting diplomas, but for the purpose of affording medical students a more thorough preliminary training and better advantages while not in attendance upon college lectures than can ordinarily be enjoyed in any single physician's office. The school has furnished rooms, some apparatus, and has started an anatomical and pathological museum. A dissecting room is open during the winter for the study of practical anatomy.

The faculty is made up of the leading *regular* physicians of the city, who take no private students into their offices, except as they have them connect themselves with the school.

The faculty, in the capacity of a local medical society, holds a meeting twice a month for the discussion of medical topics, to which the students are admitted.

The officers and faculty of the school are as follows for the present year:—President, A. B. Stuart, M. D.; Secretary, J. B. McGaughey, M. D.; Treasurer, D. A. Stewart, M.D.; Franklin Staples, M. D., Physiology, Obstetrics, and Diseases of Women; A. B. Stuart, M.D., Surgery; James M. Cole, M. D., Practice of Medicine; W. H. H. Richardson, M.D., Pathology; J. B. McGaughey, M. D., Chemistry and Materia Medica; D. A. Stewart, M. D., Anatomy and Venereal Diseases. Respectfully and truly,

Franklin Staples.

Winona, Minn., Aug. 1, 1873.

News and Miscellany.

Homœopathy in Harrisburg.

The following action of the Dauphin Co., Pa., Medical Society explains itself, and will receive the hearty approbation of the profession everywhere:—

Harrisburg, Pa., Aug. 7, 1873.

At a special meeting of the Dauphin Co. Medical Society, held this evening, the following action was taken:—

Whereas, The Board of Managers of the Harrisburg Hospital, having elected a competent medical staff of regular physicians, did, by the following resolution passed subsequently to the said election, viz:—

"*Whereas*, It has been stated that if homœopathic medicines be procured, attendance will be furnished gratuitously by a homœopathic physician; therefore,

"*Resolved*, That a case of homœopathic medicines be procured, at a cost not exceeding $100, so that if any patients wish to be treated under that system it may be done by a physician of that school," attempt to introduce into the hospital a pretended system of medicine; therefore,

Resolved, That we cordially approve of and endorse the action of Drs. Curwen and Reily in resigning their positions upon the Board of Managers of said hospital.

Resolved, That we also most cordially approve and endorse the manly and high-toned professional action of the medical staff in promptly resigning their positions in said hospitals.

Resolved, That we individually and as a Society hereby pledge ourselves not to accept any position in said hospital unless each and every member of the late staff of the hospital be re-elected by the Managers of said hospital, and all other practice but that of the regular school of medicine be ignored.

R. H. Seiler, M.D., President.

The action of the Managers is most unjustifiable, and deserves reprobation by every right-thinking mind.

Von Graefe with his Patients.

Rev. W. H. Milburn, a clergyman of more than ordinary intelligence, who has been blind for several years, speaks as follows, no doubt from personal observation, in *Harpers' Monthly*, for September, of the late distinguished Von Graefe. It beautifully illustrates the homage rendered instinctively to true genius and worth.

A more beautiful man's face than his has hardly been seen in modern times. Who that has looked upon it can forget the high, broad brow of the noble head, the dark blue eyes, and the exquisite lips, where sat such mingled beauty and power? It seemed, indeed, only as a lovely transparency through which the light of a still more lovely soul was shining. His action was quick and decided, yet graceful, his voice very pleasant to the ear, his speech easy and affluent. His manner had the simplicity and sportiveness

of a child's, and yet you felt the dignity and authority of a master. Wholly unaffected, and even unconscious, in all he said and did, he yet breathed around you the atmosphere of supreme genius. It was strange to watch the love and reverence which attended his steps. The hour's lecture over, during which he had held the great throng spell-bound and even breathless by his eloquence, the death-like stillness broken now and then by irrepressible applause, he proceeded on his daily visit through the wards of his hospital. Day by day have I noticed the flurried manner of nurses and attendants, their eagerness tempered by a kind of devout worship, the hush of expectation which waited the master's coming; and now you hear his fleet, light steps, which keep his aids upon a run. He is in your room, where darkness and pain vanish at his cheering salutation. The bandages are moved in a trice. The examination is made with rigid fidelity; there is no haste here; the bandages are replaced, and away he goes, with loving words, which leave sunshine behind him.

To this clinic all who wished his care and service, no matter what their rank or fortune, were obliged to come and take a bed. Half the patients, at least, were so poor that they could not pay the master's fee, and were even unable to defray the charge of their living; this came out of his generous bounty, and they received the same attention as the richest clients. After the visit to every patient the operations began. Each case had been thoroughly examined and studied by one of his aids, and then by the master himself; so that he knew just what to do, and how to do do it. Some days there were as many as sixty persons to be operated upon.

Remarkable Case of Tattooing.

The following is an account in the possession of the War Department, of a remarkable case of tattooing on a recruit examined by Assistant Surgeon H. E. Brown, at Fort Ontario, N. Y., in 1851. The man was a sailor, and the work took four years to complete it. Shortly after his examination he deserted, was captured, and last year was serving out a term of imprisonment on Governor's Island. The painting was in five or six colors, and is described as follows:—

1. Right arm.—Epaulet on shoulder, and just underneath a coat of arms of the United States. On the arm was a full length figure of Britannia, a cocoanut tree. On forearm a dancing girl, a mermaid, a ship under full sail. On the wrist a bracelet, and on the back of the hand a flower, a five-rayed star, and a devil with tail and horns complete.

2. Left arm.—Epaulet on shoulder, a wreath of flowers extending around the arm just beneath, a sailor, Goddess of Liberty, a butterfly, a Maltese cat, a naked woman, a ship at anchor, and another sailor holding the British flag. Near the elbow a basket of flowers, a thistle and a shield. On the forearm a crucifix, a woman holding a flag, an Indian temple. On the wrist a bracelet, and on the back of the hand a bundle of flags on staffs.

3. Breast.—Eight stars, three ships, a dancing girl, a sailor astride a rum cask.

4. Abdomen.—A girl holding a basket of flowers on her head, a negro playing the banjo, a British flag, a sailor on horseback, two crossed flags, two American flags, St. George on horseback killing the dragon, and the sea serpent.

5. Thighs and legs.—A sailor on topmast of a vessel, a Goddess of Liberty astride an eagle, a tree of life, a dancing girl *in puris naturalibus*. Legs. Amphitrite riding in a shell, a whale, another dancing girl, a flower pot, a Highlander, a crucifix, and five dancing girls about the feet.

6. Back.—Two women, two ships, a sailor holding a flag, and a large picture of Mazeppa riding the wild horse.

Cholera.

Six cases of cholera were officially reported at Breslau from July 12th to July 15th. In the same period there were two deaths. In Ratibor, up to July 14th, there had been twenty-nine cases with six deaths. In Altendorf, during the week commencing July 9th, there were sixteen new cases, of which nine were fatal. Up to July 14th there had been, in the districts of Dresden and Döhlen, 247 cases of cholera, with eighty-six deaths. In Warsaw, the disease is reported to be spreading; the number of cases being from twenty to twenty-five daily.

—Dr. Gegenbauer, of Jena, has been nominated ordinary Professor of Anatomy and Director of the Anatomical Institute in the University of Heidelberg.

MARRIAGES.

GROUT—JONES.—In Barre, Vermont, July 2d, by Rev. L. Tenney, D. D. Grout, M. D., of Wheelock, and Miss Nettie A. Jones, of Barre.

KUENSTLER—HOLMES.—August 7th, by Rev. John D. Wells, D. D., Hugo Kuenstler, M. D., and Helen, daughter of Joseph C. Holmes, Esq., all of New York city.

NELSON—RULE.—In New York, August 13th, at the residence of the bride's parents, by Rev. Dr. Ormeston, Charles Eugene Nelson, M. D., and Julia, second daughter of Wm. G. Rule, Esq.

PIERCE—RUGGLES.—In Rutland, Vermont, July 29th, by Rev. J. G. Johnson, Henry H. Pierce, M. D., of Delaware, Iowa, and Sarah P., daughter of G. C. Ruggles, Esq.

DEATHS.

BOLLES.—On the 15th inst., L. S. Bolles, M. D., of this city, aged 36 years.

PEGG.—Dr. Wm. H. Pegg, of Atlanta, Ga., fell dead August 10th, in the street, of apoplexy.

PIERSON.—August 13th, Dr. C. M. Pierson, No. 557 Orange St., Roseville, Newark, N. J.

TELLER.—On August 9th, Ann Elizabeth, wife of Dr. H. Teller, late of Brooklyn.

WOOD.—At Norwalk, Conn., August 9th, 1873, Margaret Morrell, widow of the late Isaac Wood, M.D., of New York, in the 76th year of her age.

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Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M. D. *Fall River, Mass.*

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FREY, M. D., *Perry, Iowa.*

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. DOONS, M. D., *Madison, Ala.*

I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. *Wapping Falls, New York.*

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I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS. M. D., *Lincoln, Ill.*

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THE

MEDICAL AND SURGICAL REPORTER.

No. 861.] PHILADELPHIA, AUGUST 30, 1873. [Vol. XXIX.—No. 9.

Original Department.

Communications.

YELLOW FEVER.

BY MADISON MARSH, M. D.,

Of Port Hudson, La.

A paper from the pen of Professor Harvey L. Byrd was recently read before the Epidemiological Association of Maryland, upon the above subject, an abstract of which is published in your journal of July 26th, 1873.

Confining himself chiefly to facts that had come under his personal observation in the Southern States,

1st. The Professor states "that nothing certain concerning its source can be ascertained, and it is probable it was brought to this continent, from the western coast of Africa, by ships engaged in the slave trade.

2d. "It is comparatively unknown in the country. . . .

3d. "It depends upon a specific cause, which consists of organic matter, and it requires for its growth a certain continuous temperature. It is effectually destroyed by frost, and yet it may be said to exist perennially in some of our Southern cities. Its fungi must, however, be reproduced by a certain continuous temperature.

4th. "It is a disease *sui generis*, and is as distinctly contagious as small-pox.

5th. "One well-defined attack protects the survivor with almost certainty from a second.

6th. "The native African is exempt from yellow fever, and his descendants in this country, even to the fifth generation, are remarkably free from it.

7th. "It is a remarkable fact, that in localities in the Southern States in which bilious fever is most severe, yellow fever is not known.

8th. "Professor Byrd stated that its fungi had been carried hundreds of miles into the up country, in clothes and other articles of use."

To all, with two or three exceptions, of the above alleged facts and specifications of Professor Byrd, as the lawyers say, I enter my demurrer, and enter for record my special plea to every allegation of fact, and appeal to the bar or tribunal of all intelligent, scientific, practicing physicians in the yellow fever zone for a fair and judicial decision.

I do this not in a captious manner, but to elicit the truth in reference to the etiology, pathology and treatment of one of the greatest scourges of our Southern country. I have the greatest respect for Dr. Byrd, his talents, position and associations. But having long experience in the yellow fever zone, I am constrained to differ with him in almost every position taken, and almost every particular.

I will now proceed to a consideration of the Professor's declaration.

1st. Yellow fever was undoubtedly brought to this country by slavers engaged in the slave trade, from the coasts of Africa. Boston, New York and Philadelphia were at an early day deeply engaged in the slave trade; *that* was *then* considered legitimate mercantile traffic. Thus were established close commercial relations with the barbarous tribes of the African coast. Their ships returned full of the miasmata from that far off region of tropical sun and pestilence. The morbid effluvia in this way imported in

times of the year congenial to its growth and propagation, the leaven thus introduced, soon had their atmospheres in a ferment, an epidemic constitution of the air was established, and Boston, New York and Philadelphia then suffered from yellow fever in its most appalling form, long before it became the terror and scourge of our Southern cities.

2d. Professor Byrd says, "It is comparatively unknown in the country." And yet it is known to every physician and citizen, when malignant in New Orleans, its epidemic influence and ravages are extended hundreds of miles in this State and Mississippi.

3d. Professor Byrd says, "It depends upon a special cause, which consists of organic matter, and it requires for its growth a certain continuous temperature. It is effectually destroyed by frost, and yet it may be said it exists perennially in some of our Southern cities." *This proposition controverts itself.* The Professor says it depends upon a special cause, and *it* is *effectually destroyed* by *frost*, and yet it exists perennially in the South. *We have many frosts and even ice in our cities.* Our inhabitants will be startled to learn that yellow fever is continuously at their doors. Its fungi, I apprehend, have never been seen through the powers of the microscope. Its substance never analyzed by chemical research, or its "*evanescent shadow of a shade*" even approached by "spectral analysis."

4th. "It is a disease *sui generis*, and is as distinctly contagious as small-pox." Professor Byrd takes ground here against professional truths and all authority.

An eminent writer expresses the following views:—"The evidence, in our opinion, is conclusive and irrefutable, that the invariable origin of yellow fever is from a specific poison existing in the air of the localities where it prevails.

"In referring the production of yellow fever, in every case, to a local malarial cause, we mean also to deny its propagation by contagion. We are acquainted with no other disease of strictly local origin ever evincing or assuming a contagious character under any possible contingency. It never shows itself, except in certain latitudes and a certain zone." These views, I believe, are corroborated by most of our Southern physicians.

Now, how is it with the contagion of small-pox? It has a personal origin, and is distinctly communicable and contagious at one season as another. A person not protected by vaccination, or previous attack of small-pox, coming in contact with a small-pox case after the secondary fever comes on, is sure to take it, in winter or summer, cold, wet or dry, without regard to age, sex, nation or color. The Esquimaux from the North Pole, and the African from the Equator, are equally susceptible. This is the contagion of small-pox. That of yellow fever is very questionable, and never certain. Yellow fever is never *apparently* contagious, except in times of a prevailing epidemic.

There are imported cases of yellow fever often in New Orleans in the winter. No person fears taking it by visiting a patient at that time. Even medical students of the colleges have clinical instruction in such cases without any fear of contagion. It is a very common thing in the country for one to have it in a family with perfect immunity of others of the family all susceptible and unprotected by previous attack. In fact, on *my* first two visits to the Tropics I visited yellow fever cases with impunity, and it was only *remaining there during an epidemic that I contracted the disease*, during my last visit. I went there, too, not from Louisiana, but from the Polar regions or temperature of Lake Ontario, New York, and in the winter at that.

4th. Our author says "one well-defined attack protects the survivor with almost certainty from a second."

In this proposition I can support Dr. Byrd. I have heard of creoles and negroes having it a second time, and dying, too. I have not seen such myself. I have attended friends professionally since I had it, and staid in their rooms for a week, and slept with them, with perfect impunity.

6th. "*The native* African is exempt from yellow fever, and his descendants in this country, even to the fifth generation, are remarkably free from it," says the Professor. What! the disease *originate* in Africa, and the native population will not have it!

I never saw a native African have the disease, but those very men have told me yellow fever is as common there as chills here. I would not swear they were credible witnesses in the District Court. But this I will aver, that no longer ago than 1867, within four miles of this town, I saw two Africans of the pure native type have it and

die of it. In 1853 and 1855 many planters near this place suffered the loss of thousands of dollars from said disease. The native Africans that will not have it, probably had it in their native country. And their descendants are no more exempt than the native creole population of European descent.

7th. "When bilious fever is most severe yellow fever is not known."

Now what are the facts? All the towns on the Mississippi river that yellow fever never fails to enter when epidemic in New Orleans are surrounded by swamps acted upon by a more than tropical sun, emitting malaria of the most active kind, producing bilious fever of all grades, from its most simple type to the most malignant form.

Epidemiologists in this country believe all epidemics are self-limited. Yellow fever is governed in the same way. It has its initial point, rises to its crisis, culminates, declines, and dies. *Frost* has nothing to do with it. An epidemic yellow fever dies out in the Tropics, at Rio Janerio, or Havana, in the same length of time as at New Orleans or Galveston. *There they have no frosts.* Indeed yellow fever is analogous to all malarial disease. When cool nights and frost commence it assumes its greatest malignity, and is most fatal in its results.

In justice to Dr. Byrd I admit he is supported by the books. Some writers say an African or negro cannot have bilious fever. No, not even chills and fever. There is something in the color and texture of his skin that protects him. I will now illustrate what I have to say by quoting from your journal the language of the late Professor Knox, of Edinburg. "If you want a good text-book on any subject recommend me to the man that knows nothing earthly about the subject." If you wish to know anything about the negro, his susceptibility to disease, his general qualifications, go to Boston or London.

I admit a difference in the color, texture, and chemical qualities of his skin. Not a portion of his body or blood but are chemically, essentially different from the white man, but he is open to the same contingency of disease. In this country *chills and fever* compel the African to reckon quinine as one of his necessary supplies, in addition to bread and meat.

Editorial Department.

Periscope.

The Treatment of Convulsive Diseases of Women.

Under the term Convulsive Diseases Dr. Barnes, in his recent Lumleian lectures, includes eclampsia, vomiting in pregnancy, syncope, vertigo, etc. In their treatment he lays down four principles:—

1. To moderate central nervous irritability.
2. To cut off emotional irritants or excitants.
3. To cut off peripheral irritants or excitants.
4. To eliminate all complicating morbid conditions.

The simplest measure in puerperal eclampsia, says Dr. B., is the best. That is, to puncture the membranes and leave the rest to Nature, at least, until we see she fails to carry on the process. And since even the gentlest examination is often enough to provoke a fit, I would advise the previous induction of anæsthesia by chloroform. Under the cover of this state, the catheter should first be passed to secure an empty bladder, and to procure a good specimen of urine for testing. Then at the same sitting, the membrane should be punctured by a quill, stilet or other suitable instrument. The diminution of the volume of the uterus by the draining off of the liquor amnii, lessening the pressure upon the vessels and the vascular tension, gives sensible relief. But another good effect generally follows; one it is true not without occasional drawbacks, but still a risk which must be encountered. The good effect is this; the moment labor is started, a call is made upon the nervous centres for nerve-force to be expended upon the uterus. This is its physiological destination; and if it can be kept steadily directed to this, its proper work, we may hope to obviate its diversion to convulsion or other morbid action. It is, indeed, a matter of observation that uterine action will often excite a convulsion. But, upon the whole, I am disposed to think that it acts beneficially; and we shall be the less

afraid of calling it into operation if we reflect, first, that labor must take place, and that it cannot be effected without this uterine action; and, secondly, that we can greatly diminish the excess of irritability by the use of chloroform.

The expediency of inducing labor when there is albuminuria without convulsion is more doubtful. As we have seen, it is not certain that convulsions will break out.

The induction of labor is the means of carrying off, or of discharging, the excess of nervous tension. But something more is commonly required. We cannot complete labor all at once. Sometimes we must wait, and not seldom, when the nerve-force has once got into a wrong channel we shall fail to turn it all to the proper direction. Measures for moderating the excess of central irritability are almost always useful. The most available of these is the induction of anæsthesia by chloroform. It should be carried to the surgical degree, that is, to the extent of rendering the spinal cord irresponsive to irritation of the sphincters. The beneficial effect of this is sometimes very striking. The convulsive fit is rendered less violent; it is shortened. When anæsthesia is induced in anticipation of a fit, this may be almost entirely averted, and is sure to be moderated. The evidence in favor of chloroform has been greatly accumulating since Simpson's time. Chloroform blots out memory, one source of emotion; it cuts off perception, another source of emotion; it lessens reflex irritability. When chloroform or equivalent anæsthetics cannot be given we must act on the same indications. We must procure absolute rest; exclude noise, light; avoid all suggestion of disagreeable ideas; avoid all irritation of the skin. All this is especially necessary at the acme of spinal and cerebral irritability, when a fit is on or impending.

The second indication, to cut off emotional excitants, is one that is generally studied. The means of accomplishing it are entirely dictated by the surroundings of the patient. The third indication, that is to cut off physicial peripheral excitants, demands more attention. The first impulse of many when they see a person in a fit, no matter of what kind, is to dash cold water in the face. There may be no great objection to this in hysteria; in syncope it is undoubtedly beneficial; but in eclampsia it is decidedly injurious. Dr. Barnes added, I have seen it provoke a fit. Another not uncommon error in eclampsia is to apply blisters to the nucha, or mustard poultices to the calves. These applications do exactly what ought not to be done. The irritation they produce when the whole surface is in a state of hyperæsthesia, is doubly prejudicial. The immediate effect is often to excite a fit; and the continuous irritation set up in the skin can only keep up irritation of the nervous centres. There is no fact in medicine of which a stronger conviction has been forced upon me by observation than this, that all peripheral irritation is injurious in eclampsia. It is a sin against physiology. Hence the rule, when the situation dictates manipulation of any kind, to lull the system in the artificial sleep of anæsthesia before passing the catheter, before making a uterine examination, or proceeding to induce labor.

These principles of action apply with almost equal cogency to the treatment of epilepsy in the pregnant state; they apply with quite equal cogency to the treatment of obstinate vomiting in pregnancy.

In the chronic state of the menstrual or climacteric epilepsy, that is, when the fit has passed away, and when the indication is to break the morbid chain by preventing future fits, bromide of potassium, belladonna, and various metallic preparations, and a carefully ordered hygiene, are our chief allies.

The indication to cut off all complicating morbid conditions is one that rarely admits of being fulfilled in the urgent cases of eclampsia and of the vomiting in pregnancy.

The elimination of all complicating morbid conditions is especially necessary in the prevention and treatment of the convulsive and other nervous diseases of non-pregnant women. In a large proportion of cases, indeed, this constitutes the greater part of the treatment. This applies particularly to neuralgia, to hysteria, and, in a lesser degree, to the epilepsy of the climacteric period.

The particular form of dysmenorrhœa which is most commonly the attendant and forerunner of nervous disorder is that which depends upon obstruction or partial retention of the menstrual fluid. It would be too wide a digression from our theme to enter with any detail upon the pathology and treatment of dysmenorrhœa.

1. Beginning with the menstrual function, there is the pain, which is one of the features of dysmenorrhœa.

2. There is gradual wear and tear of the nervous system, attended with degradation of the blood.

3. Increased susceptibility to physical and mental impressions, marked in many cases by the outbreak of hysteria, or neuralgia, and in a more limited proportion of cases by epilepsy.

4. Where marriage ensues, it is generally unfruitful; proving again, by another test, that there exists an impediment to the due performance of the ovario-uterine functions.

5. Where the obstruction is removed, as in most cases it can be, we find the preceding conditions gradually disappear. When menstruation is performed easily, the nervous complications, which are really epiphenomena, subside.

If, on the other hand, the dysmenorrhœa be cured early, that is, before hysteria, neuralgia, or epilepsy have shown themselves, these disorders will, in high probability, not appear at all. The presumption is great that they will be prevented, and that any *inherited* predisposition to them will remain dormant. The treatment, then, both prophylactic and curative, must be directed against the dysmenorrhœa.

In single women, dysmenorrhœa is the most frequent attendant or exciting cause of hysteria or epilepsy. In a certain proportion of cases, however, no abnormality of structure or function of the ovaries or uterus is apparent. The exciting cause may spring up elsewhere; but in all there is a special proclivity developed by the normal ovario-uterine stimulus.

In married women, and in those who have borne children, not only may dysmenorrhœa arise, but metritis, congestion, displacement, and other affections are more frequent. They hardly ever fail to induce that general debility and nervous prostration which predispose to nervous disorders. It is generally a hopeless task to cure these nervous disorders, unless we begin by relieving the local disorders upon which they so greatly depend.

The Action of Calomel.

In a paper read before the Royal Medico-Physical Academy of Florence, and published in *Lo Sperimentale* for June, quoted by the *London Medical Record*, Dr. R. BELLINI, Professor of experimental toxicology in the Royal Institution of Florence, examines elaborately the change which calomel may undergo when taken into the mouth, or applied externally or hypodermically. He sums up his results in the following conclusions.

1. Calomel ingested during fasting is converted, in very small proportion in the stomach, in a much larger proportion in the small intestines, into a soluble compound of mercury.

2. This change is produced in the stomach by the alkaline chlorides and lactic acid; in the small intestine by the alkaline carbonates of the enteric juices.

3. In suckling women, in whom the large intestine does not lodge sulphydric gas, a soluble mercurial compound is formed in the lowest tracts by the action of the lactic acid and chloride of ammonium which are there present; but in non-suckling women, where this gas is present, sulphide of mercury is formed.

4. Calomel taken into the stomach during the digestion of protein aliments is entirely or in great part decomposed in that viscus.

5. In this decomposition metallic mercury is first set free, and a soluble compound of it is then formed.

6. Calomel taken into the stomach during the digestion of bread, starch, soup, gelatine, etc., undergoes the same changes, and in the same manner, as when taken during fasting.

7. This reaction, which takes place in the course of the intestinal canal when calomel is ingested, is attended with a greater or less increase of the alkaline chlorides in the system.

8. The alkaline chlorides when in small quantity diminish, and when in large quantity neutralize the action of the alkaline carbonates on the calomel.

9. In cases where sulphurous waters or sulphur are taken into the stomach, or in indigestion or acute or subacute gastric catarrh, the sulphydric gas which is formed converts the calomel into sulphide. If, however, the quantity of the gas be so small that it is all used in the formation of sulphide of mercury, the alkaline chlorides and the lactic and hydrochloric acids of the gastric juice are still capable of acting on the sulphide, so that the action of the calomel, or rather of its soluble compound, is only delayed, not neutralized.

10. During and after the administration of calomel, acid drinks and fruits should be taken very sparingly or not at all.

11. Magnesia or its carbonate favor rather than impede the local effects of calomel.

12. As little common salt as possible should be mixed in the soup and broth given to those who are under the action of calomel.

13. The purgative effect of calomel is increased by taking milk during or shortly after its administration.

14. Calomel may be injurious when given during the administration of acetate, anisate, carbonate, succinate, benzoate, etc., of ammonia, or to persons suffering from ammoniæmia, uræmia, cholera, typhus, etc.

15. Injurious results may also follow the administration of calomel simultaneously with chloride of ammonium, the alkaline and metallic iodides and bromides, and the alkaline sulphites, bromates, and iodates.

16. Although the hyposulphites produce a soluble compound of mercury by their action on calomel, they neutralize its action if given with it during digestion: for the hyposulphites are decomposed by the acids of the gastric juice, and sulphur is precipitated, which, coming into contact with the nascent hydrogen from the food, produces sulphydric acid; and this forms, with the calomel, an insoluble and inert sulphide of mercury. On the other hand, the hyposulphites rather increase the action of calomel, and may even render it deleterious, when given with it on an empty stomach.

17. Chocolate, sugar, gum, aloes, and soap, mixed with calomel in various officinal preparations, do not give rise to the formation of a soluble mercurial compound, and do not, therefore, increase the effect of calomel.

18. Opium and its preparations diminish the effect of calomel, not by any chemical action, but by blunting the sensibility of the organic fibre to the action of calomel.

19. Severe symptoms may follow the administration of calomel by the mouth to persons who have for a day or two only discontinued the use of the alkaline iodides, bromides, and sulphites.

20. When calomel is given on a full stomach to persons who have been taking the hyposulphites until a day or two previously, it may remain without effect in consequence of the presence of the sulphydric gas produced from the hyposulphites which have not yet been eliminated.

21. Calomel applied to healthy or diseased

external parts, or injected subcutaneously, is rendered soluble by the alkaline chlorides present in the system.

22. Severe local and constitutional symptoms may follow the local application or the subcutaneous injection of calomel in the case of persons who are taking the alkaline iodides, bromides, or sulphites.

23. Grave results may also follow the application of calomel to healthy external parts or its subcutaneous injection, in persons who are taking internally alkaline hyposulphites, or sulphur in small and repeated doses. On the other hand calomel may, notwithstanding the internal use of the above-named remedies, produce no such effect when applied to wounds or ulcers with secretions which rapidly become acid.

24. Clinical observation fully confirms the results obtained from chemical experiments and from those made on animals.

The Diagnosis of True Cholera.

The New York *World* published, not long since, an excellent article on this subject which well deserves reproduction in a strictly professional journal. We understand it is from the pen of Dr. A. L. CARROLL, whose researches in matters of hygiene always command attention. We extract as follows:—

To begin at the beginning: Although in some rare instances the access of malignant (Asiatic) cholera may be sudden, yet in at least 95 per cent. of the cases occurring in temperate climates the attack is preceded by a *painless* diarrhœa. Out of more than 5000 recorded cases this premonitory symptom is noted in all but 251, and in most of the apparent exceptions it is only said that its "existence was not ascertained." In cholera morbus, on the contrary, the seizure is always sudden, commonly traceable to its exciting cause in some error of diet; vomiting and purging set in simultaneously and violently, accompanied by severe colicky pains, and the ejected matters are *strongly bilious*, causing an acute sensation of burning or smarting. This excess of bile persists in the non-malignant disorder, whilst one of the earliest phenomena of epidemic cholera is a total arrest of the function of the liver, the discharges being absolutely *devoid of bile*. In sporadic cholera (cholera morbus) the pains first complained of are those of colic; in malignant cholera the first characteristic evacuations are attended with pains not abdominal but shooting down the thighs. In sporadic cholera the discharges, if long continued, may become almost or quite colorless, or may even come at last to resemble "rice-water" in some degree; but until the very latest stage they contain traces of bile, and if from their exhausting drain the patient be brought to collapse, this condition is reached through progressive weakening, and is manifestly the result of the profuse evacuation. In malignant cholera, on the other hand, almost immediately upon its accession the discharges assume the typical "rice-water" character, which consists in the presence of numerous solid white particles, very similar to grains of rice, suspended in a fluid which may vary from perfect transparency to a milky or ditch-water appearance, and their frequency bears no causative relation to the sudden, almost instantaneous prostration which constitutes the most striking feature of the disease. On the contrary, patients are often reduced to fainting with the first true choleraic discharge, and the most rapidly fatal cases are those in which the vomiting and purging are trifling in amount; in nearly all instances, indeed, these symptoms are greatly diminished or altogether suppressed as collapse sets in. This wondrously rapid loss of strength and an equally rapid lowering of the temperature of the surface of the body are, par excellence, the pathognomonic signs of true malignant cholera in its early stage, nothing comparable with them being observable in any other disease.

At a later period, in both of the disorders under consideration, cramps may occur; but here again there is a certain difference to be noted. In malignant cholera the cramps (which seldom appear until the "rice-water" discharges are fairly established) almost invariably commence in the fingers and toes, thence extending to the muscles of the arms and legs, of the jaw, and sometimes to those of the trunk, especially of the abdomen. In sporadic cholera the abdominal muscles and the calves of the legs usually bear the brunt of the spasm, which seldom affects the upper extremities. At this time, too, occurs in the graver malady a striking congestion of the veins, producing a purple lividity of the lips and tongue, and of the extremities, showing itself first at the roots of the nails and thence spreading sometimes over the whole body. The skin rapidly becomes shrunken and shriveled, as if it had been long soaked in water, the features are pinched, the eyes are glassy and flattened like those of a corpse, from actual transudation of their watery humor through the cornea; and these phenomena take place with inconceivable rapidity. The breath feels cool to the back of the observer's hand, and the temperature, as measured in the arm-pit, is lowered from 4° to 8°, or occasionally even more, below the natural standard. But in connection herewith are two circumstances which serve to distinguish malignant cholera from the coldest stage of its sporadic mimic. Notwithstanding the coolness of the skin the thermometer introduced into the rectum shows an unnatural elevation of the internal temperature, sometimes reaching a high fever heat, and the sufferer's subjective sensation is not one of chilliness, but rather of oppressive warmth, leading him to throw off the bed-clothing and beg for iced water to quench his insatiable, burning thirst; whilst the patient with cholera morbus, when he is cold *feels* cold, and his internal temperature, though above that of the surface, does not exceed the standard of health.

The most prominent diacritic signs may be compared in tabular form as follows:—

MALIGNANT CHOLERA.	SPORADIC CHOLERA.
Usually preceded by a simple painless diarrhœa, lasting from a few hours to two or three days. If sudden, commencing with a very profuse discharge from bowels, with or without vomiting, accompanied by severe pain down the thighs and almost instantaneous exhaustion.	Attack sudden or occasionally preceded by some nausea, colic pains, and intestinal rumbling. Commences with almost incessant simultaneous vomiting and purging, the pain being of a griping nature.
Discharges—after the first—consist of a watery or turbid fluid, containing numerous small white rice-like particles. With a peculiar alkaline odor, but nearly or quite free from fœcal smell and devoid of bile.	Discharges at first the usual contents of stomach and bowels, afterwards becoming greenish or yellowish. If protracted, may be colorless, or even present some floating shreds. Very offensive, and so strongly impregnated with bile as to cause scalding and smarting in their passage.
Prostration and lowering of temperature very rapid, and bearing no relation to the frequency of the discharges.	Prostration and lowering of temperature progressive, and resulting from the exhausting drain of the discharges.
Surface temperature lowered from 4 degrees to 8 degrees, or more, but internal heat increased. Subjective sensation of oppression.	Surface temperature not so much depressed, and internal heat not above normal standard. Patient usually complains of chilliness.
Cramps usually beginning in fingers and toes, extending to arms, legs, etc.	Cramps commonly limited to abdomen and legs.
Expired air deficient in carbonic acid early in disease.	Expired air natural until death impends.
Urine suppressed early.	Urine rarely suppressed, unless in extreme collapse.
Purple asphyxiated hue of lips, extremities, and often of entire body, from intense engorgement of venous system and absolute lack of oxygenation of the blood, with suffocative difficulty of breathing.	Pallor of exhaustion; sometimes a livid look, but never the peculiar blueness of true cholera; difficulty of breathing less marked, and proceeding from weakness rather than asphyxia.
Indifference and apathy; the mental faculties, however, commonly remaining clear; excessive wakefulness.	Usually, much anxiety; the mind, in fatal cases, oftenest becoming clouded toward the end. Most frequently, sleepiness from exhaustion.
The "facies cholerica," once seen, not easily forgotten, the features pinched and corpse-like; the eyes encircled by a dark purple band; the cornea flattened; the arteries in the neck pulseless.	In collapse, the features are pinched and the whole eyeball appears sunken; but the flattening of the cornea is absent, and the characteristic aspect of true cholera is wanting.

The Infective Products of Inflammation.

The eminent pathologist, Dr. J. BURDON SANDERSON, recently read an important paper before the Royal Medical and Chirurgical Society, which we epitomize from the *British Medical Journal*, May 24:—

The paper contained the results of researches made, for the most part, during the early months of 1872, for the purpose of elucidating the pathology of secondary inflammations. It was divided into three parts.

In the first, the nature of the process of inflammation was treated of, with special reference to the question how a primary inflammation gives rise, on the one hand, to general constitutional disturbance, and, on the other, to the establishment of new foci of inflammation in parts remote from the original seat of irritation or injury. To distinguish those inflammations which exhibit the tendency to produce these effects, the author used the adjective "infective," understanding it to express two sets of characteristics, one relating to what occurs at the original seat of inflammation, the other to the induced effects manifesting themselves elsewhere. Of the two groups of phenomena, those remote from the seat of primary action claimed most attention in relation to the present inquiry. They were described as consisting, partly in the springing up of new foci of irritation or inflammation along the course of the infected channels, partly in the occurrence of changes in the blood itself (not yet investigated) of such a nature as to show that it is impregnated with an infective poison. In investigations made by the author in 1867–68, it was found that, when in the lower animals, particularly the guinea-pig, local inflammations are produced, either in the skin or peritoneum, by the introduction of irritant substances, two distinct sets of consequences manifest themselves, viz., the production of a chronic disease affecting all the internal organs, having the characters of a chronic interstitial inflammation (*i.e.* irritative germination of the interstitial tissues of the lung, liver, spleen, etc.), resulting in slow caseous or fibrous degenerations, and destroying life by gradual wasting; and an acute process, in which the same organs and tissues are affected much more rapidly, and in which two additional elements are met with, viz., fever and the formation of abscesses in the irritated tissues. To both these processes the author applied the word "infective." In certain cases both appear to spring from an infection derived from the same source, *i.e.*, from the same primary inflammation and progress in the same animal at the same time.

The second and third parts of the paper were entirely occupied with a summary of the experimental results. After a short account of the work of previous years, the author gives a detailed description of the more recent experiments on which his conclusions, so far as related to acute secondary inflammation, were founded. These were divided into two series. In those comprised in the first series the liquids of acute inflammations of great intensity were used, and the induced disease exhibited the characters expressed by the word septicæmia. The results of these experiments, twenty-seven in number (which were shown to the Society in a table), were as follows. Of the twenty-seven experiments, serous liquids were employed in eighteen; liquids of subcutaneous suppuration in four; liquids from softened infective nodules and lymphatic glands in three; and in two others, the contents of an inflamed uterus. The table

also exhibited an experiment in which blood of an infected animal was used. All these liquids were employed immediately after their removal from the living body of the diseased animal, and contained at the time bacteria. The animals observed were guinea-pigs, dogs, or cats. In four cases the liquid was injected into the jugular vein; in the rest, into the peritoneum. The quantities used varied from three minims to twenty-four minims. Although the liquids were all the products of rapidly progressing infective inflammations, the induced results were not all of equal intensity. In twenty out of the twenty-eight experiments tabulated, death took place within twenty-four hours. Of these, all, excepting three, received the excitant in the peritoneum Peritonitis existed in every case; and it was no less intense in those cases in which the liquid was injected into the jugular vein than in the others. After injection into the peritoneum, the pleura and pericardium were often as intensely inflamed as the peritoneum itself. In all the very rapid cases, the peritoneal exudation was viscid, and coagulated imperfectly. It contained pus corpuscles in small numbers; and the liquor puris often exhibited, when examined with high powers, a tremulous movement, due to the presence of extremely minute rods. In almost all the experiments tabulated the blood exhibited striking and unequivocal microscopical appearances. The liquor sanguinis contained rod-like particles, and possessed in some instances a peculiar viscidity, the nature of which must form the subject of a future investigation. In the larger animals death was preceded by phenomena which resemble those of putrid infection. This was shown in the paper by a careful comparison of the symptoms with those described by Bergmann as resulting from the injection of putrid liquids into the veins. But the quantity of a putrid liquid required for the production of the same effect is incomparably larger than that employed in the present experiments. In the course of the experiments it was repeatedly observed that highly infective inflammations, yielding exudation products rich in septic microzymes, may be induced by the introduction of chemical irritants, either into the subcutaneous tissue or into one of the great serous cavities, even when the liquids used are themselves destructive to the life of these minute organisms, or have been subjected to prolonged ebullition immediately before —all other precautions being at the same time adopted to guard against the possibility of septic contamination from without.

In the experiments of the second series, the infecting liquids used were not products of what might be called virulent inflammation, but of more slowly progressing inflammatory processes, chiefly characterized by softening or unhealthy suppuration, either of nodules or previously consolidated or infiltrated tissues. In the examples given, the material was derived from the diseased lungs of human beings or animals affected with chronic pulmonary tuberculosis in the stage of softening. The lesions were substantially the same in all; the serous cavities were inflamed, and contained variable quantities of exudation liquid charged with bacteria, and in most cases there were extensive adhesions and false membranes. In all, the viscera contained "infection-nodules," which were hard and firm externally, with purulent centres.

In the concluding paragraph of the paper, the author cautiously expressed the inferences which he thought justified by the experimental results. He thought that it had been shown that the condition expressed by the word septicæmia (including not only septic fever, but also the intense mucous and serous inflammations by which it is accompanied) may be produced independently of the entrance of septic matter from without, by the introduction into the serous cavities, or into the circulation, of liquids derived directly from living tissues in certain stages of inflammation; and that the process by which infective abscesses are formed in various organs and tissues, at a distance from some primary focus of inflammation, is of similar origin—both being due to the existence in the circulating blood of an infective agent, which, although of purely intrinsic origin, yet possesses all the characters of a septic poison.

The question of the origin of the infective agent itself, Dr. Sanderson regarded as entirely distinct from that of the intrinsic or extrinsic origin of the minute organisms by which its presence is declared, for "it does not at all follow because these organisms come in from outside that they bring contagion along with them; it may be readily admitted that they may serve as carriers of infection from diseased to healthy parts, or from diseased to healthy individuals, and yet be utterly devoid of any power of themselves originating the contagion they convey."

Hypochondriasis.

This disease is the subject of a lecture delivered at St. Mary's Hospital, and published in the *British Medical Journal*, by Dr. CHAMBERS:—

According to the nomenclature of the College of Physicians, hypochondriasis is defined as "some disturbance of the bodily health, attended with exaggerated ideas or depressed feelings, but without actual disorder of the intellect." This definition does not quite satisfy Dr. Chambers, as he is of opinion that the disturbance of the bodily health does not always precede (as the definition might lead one to expect) the deranged feelings, but that in a great many cases "the pasty tongue, the difficulty of swallowing, the loss of appetite, the painful and slow digestion of the stomach, the flatulence in the bowels, the weak, languid circulation, the loss of adipose tissue, and in long cases the atrophy of the heart, liver, pancreas, are consequences of the imperfect

innervation." The hypochondriac regards the present as worse than the past or the future—"hora novissima, tempora pessima." The suddenness of the attacks is noteworthy, as in the case of John Bunyan, who was a very good type of a hypochondriac. Dr. Chambers remarks that "a vague alarm of impending evil very frequently accompanies the misery, and sometimes (as in Bunyan's case) it takes the concrete form of a dread of hell, and thoughts about devils." Hypochondriasis may occur at any age, sometimes occurring very early in life. "Oftener it comes on in manhood, rarely after the meridian of life." There is generally a family history, either of some neurosis, as insanity, hysteria, or of chronic invalidism.

Hypochondriacs are not wanting in intellect, usually quite the reverse. Dr. Chambers has "not found hypochondriasis oftener preceded by excess of brain-work or of deskwork, than by athletic training."

A temporary loss of power in the voluntary muscles of a part, or more often of the whole body, paresis subitanea, is a common symptom in this disease. This paralysis affects most frequently the lower extremities; there is no anæsthesia, not even giddiness. The patient can stand, but he cannot go. These attacks of paresis come on in fine, bright weather, just the opposite of what one would expect.

Hypochondriacs generally complain of pain, which is not of a sharp, stabbing, neuralgic character, but a dull sort of burning sensation, deeply seated in the interior of the body. It moves about but slowly, and when it begins to move is usually moving off. Sometimes what the patient calls a "scratching" or "scraping," and which pathologists Latinize into "formication," is felt more superficially than the deep burning. The back of the head and neck, the soles of the feet, the palms of the hands, are favorite points for this sensation; but some also describe it as occurring in the abdomen. A feeling of weight in the rectum, in the uterus, or in the bladder, is often experienced, though they may be all no fuller than natural.

Hypochondriacs suffer from constipated bowels, owing to the paresis subitanea affecting the involuntary muscular fibres. Patients also complain of gaseous distention of the intestines, the gas not being the product of decomposition in the tube, but consisting chiefly of atmospheric air and carbonic acid exhaled from the blood. Indigestion is not an essential feature of hypochondriasis, although it may arise if paresis of the bowels be long continued or frequently repeated.

In protracted cases of hypochondriasis, there is almost invariably a loss of weight during the attacks, which quickly disappears on a normal condition of feeling being recovered. There is frequently derangement of the male genital functions in this disease. The urine is wanting in its normal acidity, and its specific gravity is variable. It often contains crystals of calcium oxalate, and an excessive quantity of renal and vesical epithelium. "Mucus also often is formed in excess in the urethra, and is squeezed out during straining at stool, or even stains the linen."

Hypochondriacs generally consider themselves the victims of some organic disease which has no real existence.

Hypochondriasis sometimes, though rarely, affects women. Patients laboring under the disease are, for the most part, truthful and confiding.

With regard to the pathology of hypochondriasis, Dr. Chambers regards it as a "drain upon the voluntary nerve-force beyond the supply," the supply being deficient in this disease, which probably has its seat in the gray matter of the nervous centres. Sometimes the cure of piles and ulceration of the rectum will also cure hypochondriasis.

Dr. Chambers divides the treatment of this disease into physical and moral. The physical measures he recommends are such as tend to keep up the due nutrition of the nerve substance. Devonshire cream, bacon, olive oil, pancreatic emulsion, or cod-liver oil, the last-named being the best remedy if the stomach can tolerate it. Strychnine and henbane may be required to improve the digestion. A large amount of bodily rest is necessary for some patients, exertion frequently retarding recovery.

To prevent constipation of the bowels, which the excess of rest is apt to produce, Dr. Chambers recommends green vegetables, salads, taraxacum, or seltzer water taken as a regular diet. If these do not suffice, a pill containing one-eighth of a grain of extract of belladonna combined with one grain of aloes may be given occasionally.

With respect to the *moral* treatment of the disease, the patient must be encouraged to be hopeful as regards the future. Much may be done for hypochondriacs by interesting them in thoughtful works of charity, and by leading them to ornament life with beauty and pleasure. They must hate ugliness in any shape, not for their own sake, but for that of others.

Dr. Chambers tells us that the medical treatment must be combined with the moral; neither alone is generally sufficient for a cure. The patient should not be advised to give up his usual occupation, as idleness is even much worse than worrying hard work. Opiates and alcohol are only admissible in those cases of hypochondriasis in which there is an actual deficiency of sleep, confirmed by independent evidence. But the sedative that is chosen must be given in very small doses, and, above all, must not be increased.

Lithotomy.

In a brief retrospect of the recent history of lithotomy, with an account of a new method of performing the operation, in the *Edinburgh Medical Journal*, Dr. H. DAVIDSON, physician to the Queen of Madagascar, passes in review some of the modifications of perineal lithotomy since the time of Rau

and Cheselden to the present period, with the object of showing that "the lateral operation is no longer held in the same esteem that it was," and of recommending an external semi-lunar incision and a limited internal incision with dilatation.

Dr. Davidson requires for his method of operating a special staff, an instrument which is at the same time a guide, and a dilator, and a knife. The staff is "a modification of Buchanan's rectangular one, the acute angle being replaced by a gentle curve, and grooved on its inner aspect." The guide consists of "two parallel and connected bars or blades, capable of being separated by means of a screw." It is about five inches long, "somewhat like a female catheter in size, straight, slightly flattened from above downward, and grooved on the left side." The knife has a "button-shaped extremity to fit the groove in the guide." "The blade is narrow throughout, but is slightly triangular, becoming a little broader towards the handle than at the point."

The form of the external wound in the operation is "semilunar," curved somewhat lower and deeper upon the left side than the right. The membranous part of the urethra having been exposed and opened, "the guide is introduced along the groove in the staff into the bladder." Then the staff is withdrawn and the blades are separated by the screw to such an extent as to render the tissues tense. The knife is then carried along the groove so as to divide the tense resisting structures by its edge being brought into contact with them rather than by actual cutting. The blades of the guide are now expanded to a sufficient extent. The size of the calculus determines the extent to which the knife is to be used and dilatation effected. The blades of the instrument being now separated, "it serves as a conductor for the forceps into the bladder. They slip along between the blades of the instrument. The stone is extracted in the usual way."

After alleging that in the lateral operation the incision passes indefinitely into the prostate, sometimes dividing it entirely, and at other times only notching it, and this quite apart from the purpose of the operation, he states the chief advantages of his own method to be the following. The incision and dilatation are in proportion to the size of the stone and the resistance of the tissues. The guide for the knife acts as a conductor for the forceps at the same time. From the open nature of the wound and its situation, the dangers of cutting in the dark are prevented. The evils of bruising and too extensive incisions are avoided.

The total number of cases operated on by himself and colleagues in the Antananarivo Hospital, by this method, was thirty-two. Of these eleven were by himself and twenty-one by Drs. Borchgrevink and Mackie. The general mortality he gives as one in sixteen, and he considers it has been above the average, even admitting that the cases were upon the whole more favorable for the operation than those met with in hospital practice at home.

The cases operated upon by himself were all under puberty, and the stones were of moderate size, the largest weighing two ounces one drachm. Some of those operated on by his colleagues were adults. One of the concretions weighed more than three and one-half ounces.

One of his own cases died a month after the operation, and a few days after he had actually left the hospital. The external wound had not entirely cicatrized. A *post-mortem* examination revealed extensive calculous disease of both kidneys.

One death occurred amongst the thirteen patients operated on by Dr. Davidson's colleagues before he left. No *post-mortem* examination was obtained, but the symptoms pointed to kidney disease.

Prevention of Cholera.

The following rules laid down by Mr. SIMON, of the English Government Board of Health, merit quotation. He remarks:—Cholera in England shows itself so little contagious, in the sense in which small-pox and scarlatina are commonly called contagious, that, if reasonable care be taken where it is present, there is almost no risk that the disease will spread to persons who nurse and otherwise closely attend upon the sick. But cholera has a certain peculiar infectiveness of its own, which, where local conditions assist, can operate with terrible force, and at considerable distances from the sick. It is characteristic of cholera (and as much so of the slightest choleraic diarrhœa as of the disease in its more developed and alarming forms) that all matters which the patient discharges from his stomach and bowels are infective. Probably, under ordinary circumstances, the patient has no power of infecting other persons except by means of these discharges; nor any power of infecting even by them, except in so far as particles of them are enabled to taint the food, water, or air, which people consume. Thus, when a case of cholera is imported into any place, the disease is not likely to spread, unless in proportion as it finds locally open to it certain facilities for spreading by indirect infection. In order rightly to appreciate what these facilities must be, the following considerations have to be borne in mind: 1. That any choleraic discharge, cast without previous thorough disinfection into any cesspool or drain, or other depository or conduit of filth, infects the excremental matters with which it there mingles, and probably, more or less, the effluvia which those matters evolve; 2. That the infective power of choleraic discharges attaches to whatever bedding, clothing, towels, and like things have been imbued with them, and renders these things, if not thoroughly disinfected, as capable of spreading the disease in places to which they are sent (for washing or other purposes) as, in like circumstances, the patient himself would be; 3.

That if, by leakage or soakage from cesspools or drains, or through reckless casting out of slops or wash-water, any taint (however small) of the infective material gets access to wells or other sources of drinking water, it imparts to enormous volumes of water the power of propagating the disease. When due regard is had to these possibilities of indirect infection, there will be no difficulty in understanding that even a single case of cholera, perhaps of the slightest degree, and perhaps quite unsuspected in its neighborhood, may, if local circumstances co-operate, exert a terribly infective power on considerable masses of population.

Alcohol from Flints.

That we can obtain whisky from a flint seems singular, but Prof. J. E. REYNOLDS, of the Royal Dublin Society, thinks we can, and as follows :—

Dr. Reynolds builds up his proposition upon the close parallelism of silicon and carbon in their chemical and physical characteristics and affinities.

He does not propose to show that spirits can be extracted from flint and quartz by mechanical processes, but hopes to satisfy his readers that, by indirect and purely chemical means, we can obtain from these familiar and widely diffused minerals, and from native silicates, bodies resembling in chemical action, and even in appearance, the well-known alcohol of wine.

Carbon has hitherto been considered the sole alcohol-forming element; but we shall see that the chief constituent of flint and quartz, namely, silicon, must now be admitted to share in this power, and likewise in the ability to form other remarkable compounds that it will be necessary for us to refer to in the course of this lecture.

Having prepared silicon from flint, we are in a position to compare it with carbon, to trace out the analogies which subsist between them, and then to show that some of the alcoholic and other *compounds* of carbon have their strange and interesting analogues in a silicon series.

A compound of silicon with hydrogen may be prepared in an impure state by treating a compound of silicon and magnesium with hydrochloric acid. We thus obtain a colorless, spontaneously inflammable gas, which burns with a bright light on contact with the air.

This siliciuretted hydrogen is evidently the chemical analogue of marsh-gas, the tetrahydride of carbon.

It is usual to regard marsh-gas as the typical carbon compound from which some alcoholic series may be supposed to spring, and, in fact, all the alcohols belonging to the group of which the well-known wood-spirit and spirit of wine are the chief members, are commonly regarded as derivatives of marsh-gas, in which a part, or all the hydrogen has been replaced by one or more compound radicals, such as hydroxyl, methyl, ethyl, propyl, etc. In the same way the silicon in siliciuretted hydrogen may be shown to be the nucleus round which can be grouped hydroxyl, methyl, ethyl, etc., so as to form certain alcohols.

New Symptom Pathognomonic of Masturbation.

Dr. BARADUC, in the *Jour. d. Conn. M. Prat.*, asserts that he has discovered that there exists constantly special characters, as ulcerations and recent scars, in cases of nymphomania or masturbation.

The vesicular form at the commencement, and the aspect of the miliary granulation, as well as the constant seat of the symptomatic ulcer on the surface, centre, or side of a recent scar, do not permit of the ulcer ever being confounded with any ulcer caused by constitutional influences, not even with the Hunterian chancre, with which it has some distant and slight relation; so that this kind of ulcer, which no one has described before M. Baraduc, is almost exclusive to adolescence in the two sexes.

After simple cutaneous wounds, or wounds complicated by burns, etc., upon the fresh scar, or that one in the course of formation, there arises a little vascular eruption, of the form and magnitude of a millet seed, containing a viscus material, which raises the epidermis, bursts in twenty-four hours, and exhibits an ulcer with yellowish-gray base, and the edges of which are sharply cut. The surface of one of these ulcers does not exceed two centimetres, and the depth is not greater than a millimeter. These granulations, followed by ulcerations, are often multiple, but always upon recent scars.

These little ulcers usually fade away in forty-eight hours. But this delay has always sufficed to M. Baraduc to diagnosticate with certainty that the patient in whom they appear had been abandoning himself or herself to masturbation. And he has constantly, by intelligent questioning, obtained the avowal of the fault by asking the question directly when the patient is alone in the room; besides this, these ulcers are renewed with periods of intermittence, which indicate a new fault.

A large number of observations, carefully collected, and with all the circumstances detailed, corroborate the memoir published on the subject by Dr. Baraduc. The consequence is that when this vice has once been discovered, it may henceforward be combated and cured. We then see those pale, languishing adolescents completely recover their physical, moral and intellectual health.

Treatment of Diabetes Mellitus.

According to SCHULTZEN, quoted in *The Doctor*, professor of medicine of Dorpat, the principal combustible materials in the organism are fatty matters, such as glycerine and the aldehyde of glycerine. These two ultimate substances result from the decomposition of sugar according to the formula, $H + C_6 H_8 O_6 = C_3 H_6 O_3 + C_3 H_8 O_3$.

In patients with saccharine diabetes the

ferment which in the normal state causes the decomposition of sugar is wanting. This ultimate product not being burnt in the organism, except when previously decomposed, is eliminated in its natural condition. The patient not only loses, without being able to utilize, one among the principal combustible materials, but must also undergo the labor of excreting the material which is useless to him. To be able to sustain this toil the organism has need of a great quantity of combustible albuminates; hence the insatiable appetite. The concentration of the juices provokes the great thirst, and the following disorders of cataract, tubercles and boils, which are all well accounted for by the alteration in the juices.

These different disorders completely disappear if the patient takes his ordinary combustible food, glycerine, and if the starch of the food be suppressed. These different data are in perfect harmony with the recognized law of Voit, which says, motion does not increase the decomposition of azotized material, but determines a formation more abundant in carbonic acid, and consequently a combustion of non-azotized substances of greater activity.

Schultzen therefore advises, in cases of saccharine diabetes, the following prescription: Very pure glycerine, 20 to 30 grammes; water, 700 grammes; citric acid, or tartaric acid, 5 grammes. To be drank in the course of the day (about a fluid ounce of glycerine in the twenty-four hours). This dose may be kept up for months without any injury being done; but if much more glycerine be given, diarrhœa may arise.

Hygiene of the School-room.

We find the following in an exchange:—

The absence of proper ventilation in the German school-rooms has already begun to tell upon the physical development of the young, and the case has become so alarming as to excite grave apprehensions on the part of the authorities of the Government. Dr. Rudolph Virchow, Professor of Pathological Anatomy in the University of Berlin, has prepared a special Report on the Diseases of the School-room, in which he gives a classification of the maladies that take their origin directly from improper ventilation and other defects of the places where children study. Though the attention of educators and physicians in Germany had been repeatedly called to the subject since the beginning of the century, or more especially since the reform in German education, this paper by Virchow is the first attempt to reduce the matter to scientific analysis, and to propose anything like a remedy. Lorinzer, in 1836, and Ebermaier, of a later year, had pointed out various evils; but in the effort of Virchow there is such clearness of statement and such unanswerable appeal to statistics withal, that we have reason to hope that not only in Germany, but in our own country as well, there may be some response to these valuable suggestions, in improved atmospheric supply, better desks, and everything else that can contribute to the health and enjoyment of the young students in the schools.

Virchow takes up first the diseases of the eye, and begins with short-sightedness. Here he has been preceded by Ware, of England, but more prominently by Hermann Cohn, of Breslau. This last author made his researches himself, and all his statistics are of his own compilation. He first made examinations of thirty-three schools in and around Breslau, and then of the condition of the eyes of 410 students in the University of the same city, and the result was, that of the 10,060 scholars whom he examined, seventeen per cent. had abnormal vision. Of the students in the University, sixty-eight per cent. were of imperfect sight. Virchow enlarges upon the data furnished by Cohn, and shows that the evil is on the increase, and that there is a lamentable absence of effort to mitigate it. He then takes up special forms of disease relating to other organs, and divides them into six classes: habitual headache, bleeding of the nose, goitre, curvatures of the spine, diseases of the organs of the chest, and diseases of the organs of digestion. Of a large number of school children examined eighty per cent. have been found by Becker to be suffering from headache; Guillaume shows that twenty-one per cent., in certain regions of Europe, have the goitre; the same author finds that out of 731 pupils as many as 218, or nearly thirty per cent. had deviations of the spine. But the chief form of disease generated in the school-room is pulmonary consumption. These statistics are simply alarming; but they are of so elaborate a character that we must pass over them.

The result which Virchow reaches is, that there has been an inexcusable neglect of the health and comfort of school children in Germany; that the ventilation is outrageously poor; that the desks are placed at an angle positively injurious to the eye; that the seats have backs that render ease an impossibility; that the manner in which the light is admitted is altogether neglected; that there is not a proper regard to the comfort and ease of the mind in the distribution of the studies; and that the drinking water is often unfit for either man or beast.

Professor Romberg.

The *Berliner Klinische Wochenschrift* pays an elegant tribute to Romberg (who died on June 16th), associating him with Sir Charles Bell and Johann Müller. He was born in 1795, at Meiningen. In 1831 he took charge of the Cholera Hospital at Berlin. His most important works were on "Nervous Diseases," 3 vols., a treatise on Sir C. Bell's investigations, on paralysis of the respiratory organs, report of the cholera epidemic of 1837. He died from heart disease, aged seventy-eight years.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 30, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE TRUE WAY TO SUPPRESS QUACKERY.

Who is to blame for the quackery that confronts us in every newspaper? That thrusts its nauseous handbills at us in every crowd? That fills the public with a warranted distrust of all medical science! Who? Ourselves, the members of the regular profession of medicine.

For what is the mother of all superstition, folly, groveling weakness? Ignorance. And this ignorance we do our best to maintain; or at least we do *not* do our best to dispel.

We have often expressed in these pages the ideas lately urged by the *Medical Press and Circular*, and they cannot be too often repeated. It justly points out that the best way to put down quackery, in and out of the Profession, is by educating the people on Medical subjects. It is a general belief with the people that it is impossible for them to investigate and understand questions relating to Medical Science; and this belief has been strengthened by the general bearings of the Profession toward the public in these matters. While there is undoubtedly much in our science and art that requires a well trained mind to understand and comprehend, there is still nothing so mysterious and profound in the science and practice of our art but that their general principles may be made intelligible to most people. True, there is a great amount of technical language, which it seems difficult to set aside, and without a knowledge of which, on the part of the people, it would be impossible in some instances to properly apprehend the meaning of much that relates to the subject of medicine; but the facts and truths which go to make up its great leading principles may be easily expressed in the plainest and simplest language.

Great men find no difficulty in making themselves thoroughly understood in dealing with some of the most abstruse subjects. The large audiences that attended the lectures of Professor Tyndall were pleased and delighted with his experiments and explanations on the subject of light, than which no scientific subject is more difficult to comprehend by ordinary minds. The success, also, which attended the lectures on "Anæsthesia," lately delivered at Steinway Hall, New York, by Professors Sims, Doremus, and Hamilton, goes far to show that the people are able to understand and glad to have scientific information.

We are glad to see a real move in this direction in England. This is that a society has been established to circulate gratuitously, through the clergy, inspectors, guardians, and others, a series of tracts.

The object is said to be the distribution of tracts and leaflets on sanitary subjects, written by qualified men; and the first aim is to stem the stream of patients ever flowing into hospitals, infirmaries, dispensaries, and asylums. As to the result, the following quotation is given:—Learning "better to appreciate the beautiful world in which we live; avoiding many of the sufferings to which we are subject; enjoying many blessings of which we are not worthy; and escaping many temptations we cannot wholly

resist." (*Lubbock's Pre-historic Times*, p. 488.)

This is as it should be, and if only the tracts are written by master hands, in the proper spirit, it will soon bear good fruit.

Notes and Comments.

Unbroken Amnion.

Dr. C. G. Polk, of this city, sends us the following note on this subject:—

"About ten years ago, when I was quite a young practitioner, I attended a woman who, after a tedious, yet not severe labor, expelled the child encased in the membranes, containing a large portion of the amnion liquor; the placenta, however, was not expelled, and gave considerable trouble to remove it. The child yet lives to meet the fate marked out, as the superstitious think, for those whose births were attended with unusual and strange occurrences. I, no doubt, should have ruptured the membranes and facilitated the labor. It is probable that were all cases left to the unaided resources of nature the number of unruptured amnions would be far more frequent."

Glycerine of Borax in Facial Erysipelas.

Prof. D. M. Salazar, of the Hospital Nacional, Madrid, reports, *El Amfit. Anat. Espan.*, that he has cured eight cases of facial erysipelas in forty-eight hours by this remedy. He applied the solution to the diseased parts with a brush, and then covered them with a mask of raw cotton. After twenty-four hours all the symptoms, local and general, were notably diminished, and the next day all the phlyctenulæ had disappeared and desquamation was commencing. All medication was then discontinued, except that a decoction of sambucus and althæa was used as a wash to favor the desquamation.

Mummification.

D. Lucquet has found, by observation of the process of embalmment, that the embalming of the Egyptians was really due to the saturation of the body in natrum solution, where, according to law, it should remain seventy days. The extraction of the viscera, the use of various aromatics, and of bandages were but accessory means; the essential being the desiccation of the skin and the gradual evaporation of the animal liquid in a very dry climate, which took place in about sixty-five days.

Amykosaseptin: an Antiseptic.

Amykosaseptin, or amycetoseptin, is an antiseptic consisting in a solution of borax combined with decoction of cloves. The author of a paper in *Allg. Med. Cent. Zeit.*, No. 46, 1873, thus describes its action:—1. Boric acid prevents bacteria from penetrating into the tissues, and thus prevents rot. 2. It destroys bacteria which may already exist in the tissues, and thus arrests rot. 3. It speedily kills true infusoria. 4. It is often a deadly poison for articulated animals and their larvæ. 5. It does not prevent the development of mildew. 6. The decoction of cloves only possesses, in a limited degree, the property of preventing the development of mildew, but it certainly delays the process, and renders it difficult.

Treatment of Gonorrhœa by the Inhalation of Turpentine.

In a recent article on the "inhalation of balsams," Prof. Dittel, of Vienna, reported marked success for this method of treatment in pyelitis and renal catarrh. Prof. Zeissl has pursued the same method in two cases of gonorrhœa, and cured one in twenty-five and the other in eighteen days. He believes with Weikart that the anti-blenorrhagic action of these balsams is not due to the ethereal oils but rather to the resinous principles. These latter are always detected in the urine during treatment, while there is no trace of the former.

Treatment of Chronic Eczema of the Genitals.

Dr. de Montmya recommends the use of tincture of iodine in the treatment of the chronic eczema, and intertrigo of the genitals, more especially combined with the use of a lotion of one part of corrosive sublimate to 250 of water, a few drops of spirit being used to dissolve the corrosive sublimate.

Treatment of Lachrymal Fistula.

M. Luson recommends the use of catheterism of the duct combined with the application of caustic (nitrate of silver) to the fistulous orifice, and in some cases the application of chloride of zinc as a caustic to the opening. He reports favorably of the latter method.

Murder of a Physician.

We are sorry to have to record the death, by violence, on the 16th inst., of a prominent and respectable physician of Selin's Grove, Pa., Dr. PETER RICHTER WAGENSELLER. The Harrisburg *Telegraph*, from which the following account is taken, says:—

The facts of the matter, as near as our informant could give them, are as follows:—A hired man, in the employ of Dr. Wagenseller, was quite intemperate in his habits, and the Doctor had notified the landlords not to sell him any liquor.

On Saturday he found the man under the influence of liquor, and as he (the Doctor) came down the street, and when near the Keystone Hotel, he met Wenrich, and accused him of selling his man the liquor. Wenrich denied it, and the Doctor still asserting it, Wenrich called him a liar. Dr. W. then struck Wenrich across the mouth with the back of his hand, when Wenrich, who had his knife in his hand and was striking at a post, turned and struck the Doctor in the bowels, inflicting a mortal wound, from which he died, as above stated.

Dr. Wagenseller was a son of the late Dr. Jacob Wagenseller, who many years ago represented that district in the State Senate. The deceased was about fifty years of age, and a leading physician in the county. He was a graduate of Pennsylvania College, at Gettysburg, ranking highest in his class, and his death is a great loss to the community in which he resided.

Wenrich was arrested and committed to prison to await an investigation of the case.

Thus is the "evil spirit of rum" responsible for the death of a worthy and good man. Verily, Shakspeare was right, to call it *devil!*

Triplets.

Two cases come under our notice this week. On the 30th ult., died at Zanesville, Ohio, Sheridan Stoneburner, who, with his brothers, Grant and Sherman, who survive him, was born Nov. 15th, 1865.

The New York *Daily Times* says:—

A correspondent writing from Ypsilanti, Mich., on the 9th inst., says:—An Irish woman, named Murphy, in this city, on Tuesday, the 5th, gave birth to three boys, weighing respectively five, seven and eight pounds, and on the next day she went to the church with the three infants and had them christened by the names of John, Thomas and Patrick Murphy. A great many of our citizens have called upon the little strangers. Mother and sons are doing well.

Canadian Medical Association.

The Association met early in August, at St. John, New Brunswick. Dr. WM. MARSDEN, of Quebec, was elected President for the ensuing year.

Jefferson Medical College.

It is announced that Professor JOSEPH PANCOAST has withdrawn his resignation of the Chair of Anatomy in Jefferson Medical College, and will lecture the coming session as usual.

CORRESPONDENCE.

Quinia Sulphas vs. Malaria.

EDS. MED. AND SURG. REPORTER:—

Is sulph. quinia an abortifacient?

I, for one, answer emphatically—*no.*

Is malaria an abortifacient?

I answer, with greater emphasis—*yes.*

I was led to some thoughts upon this question from finding, on reviewing your journal of January 25th, 1873, an article from the pen of Samuel Raines, M.D., White Haven, Tenn., that had previously escaped my notice. It is simply a review or criticism of a paper written by Dr. Bailey, of Knoxville, Tenn., and published in the REPORTER of November 9th, 1872.

This article of Dr. Raines deserves some comment, especially from physicians of long experience in malarious localities, and I hope it will meet with some from pens more able than my own. The article above, *unanswered*, is well calculated to lead the young and inexperienced practitioner into an error in practice, an error of the gravest kind, that might bring suffering and death to his patients, and professional discredit to himself.

Dr. F. K. Bailey gives his views of the morbid effects of malarial disease upon the uterus during pregnancy, and the physiological effects and therapeutic efficiency of sulphate of quinia in removing and warding off intermittents, relieving the uterus promptly from all irritation and morbid contraction thus produced. This paper is truly philosophical, brief, straightforward, and *practical*, in a preëminent degree. The use of quinia to meet other pathognomonic phenomena that may arise from malarial poison, not only in pregnancy, but in all cases where indicated as an anti-periodic, meet with my full approbation and cordial endorsement. In all cases where *indicated* use it "*freely and fearlessly.*"

I will now pause and let Dr. Bailey speak for himself.

"The result of much and continued observation in the use and effects of sulph. quinia was, that whenever the agent was indicated as an anti-periodic it was freely and fearlessly exhibited. It was very common to find a pregnant woman suffering from uterine pain during a fit of ague, and abortion or premature labor often occurred in cases when timely anti-periodic treatment could not be carried out. In all such cases it was my practice, as well as that of others, to administer quinine promptly and freely. There was no other way to carry a

patient over such a period of danger, except to suspend the periodical tendency.

"In very many cases of labor occurring in the summer or autumnal months I have given quinine with the most happy effects. It was often the case that a natural labor at term was ushered in by a chill. . . . At this juncture a full dose of quinine would equalize the circulation and render the contractions more forcible."

I will here remark that its action in such cases is not as a direct parturient, but by allaying morbid uterine malarial irritation, through its probable direct action on the spinal system of nerves. Opium, morphine, chloral and chloroform act on the same principle, by quieting general and specific morbid irritation, give natural labor pains, and parturient effort full play, and in this manner greatly alleviate the sufferings of the patient, abbreviate the time, and facilitate labor. But to say those articles are parturients, in the same sense as ergot, would be absurd.

Now let us see what Dr. Raines has to say in support of his position.

"With experience based upon a few years' practice in one of the most malarious regions of West Tennessee, . . . with a practice sufficient to warrant a conclusion, I am induced to assert that abortions and premature labor are seldom produced directly by ague, unless in a previously broken constitution, or habituated person. While on the other hand I believe that the sulph. quinia, given in ordinary doses, repeated at short intervals, to a pregnant woman, with the expectation of arresting an attack of intermittent fever, is attended with great risk and danger to the fœtus in utero."

Dr. Raines further says he has witnessed its abortive effects "when malaria was not suspected." He relates the two following cases in support of his last observation and assertion.

"Mrs. W., aged 26, healthy, save a previous ague, . . . had a chill at 11 A.M., October 1st, very light, and was able to go about in eight hours; expected a return of the chill about the same time next day. Directed to eat no supper, and commence at 11 o'clock P.M. and take three grs. quinine until she had taken eighteen grains. She felt pains in the abdomen in an hour after taking the first dose. Quinine was continued with increasing pain, and she finally aborted at 12 o'clock A.M., October 3d.

"A. W., aged 23, healthy, save a chill at or about 4 o'clock, Sept. 24. Expected return of chill Sept. 26th. Ordered to commence at 6 A. M., Sept. 26, and take 3 grs. quinine every 3 hours, until five doses were taken. After the second dose she had uterine pains, which increased until 1 o'clock P. M., when the child was born, in its seventh month. Could trace it to nothing save quinine."

The two above cases were given by Dr. Raines to fully illustrate the abortive effects of quinine where malaria was not suspected. He says above, in terms, "I have witnessed it where malaria was not suspected." And yet, he says, "both had chills" (malarious fever); and yet, with the plainest pathognomonic phenomena of malarial disease, he could not see it, with all his acumen and extended observation in that rich field of malarial poison—could trace the unfortunate result of the above cases to nothing but quinine.

The doctor was certainly mistaken in those two cases not being malarial fever. And, I think, he labored under a greater mistake in conclusion in regard to the cause of his unfortunate miscarriage and abortion. A careful and experienced practitioner would have expected trouble, and as the paroxysms of intermittents often anticipate their time by many hours, he would have prepared his patient for that by commencing the quinine at an early hour, and combining, in small doses, an opiate with it, or giving a full dose of morphine on the first symptom of pains. I am satisfied that the commencement of pains in those cases was the commencement of the intermittent paroxysm; not at all attributable to the quinine, but occurring in defiance of it. In the two above cases, I do not hesitate to assert, a timely anti-periodic treatment had not been carried out. The pain coming on soon after giving the quinine was a mere coincidence. And it is very common for a patient to have a paroxysm of fever, once, after sufficient quinine has been exhibited to suspend it, unless mixed with a narcotic, or something else, to assist its anti-periodic effects.

I have two cases now under treatment for intermittent fever, both *enciente*, and in their ninth month.

Mrs. Mc., æt. 22, has had three attacks of intermittents, with chills, accompanied with uterine pains so severe that her physician was sent for, anticipating an abortion or miscarriage. Has been relieved every time by the exhibition of quinine, and is now in pretty good health, expecting her accouchement every hour or day.

Mrs. M., æt. 20, primipara, German; has been here six months; never had a fever until recently. About two weeks ago was attacked with chills and fever every day, accompanied by severe uterine pains. Sent for a midwife, who mistook the case for regular labor three days. I was then called in. Found the patient in a severe febrile paroxysm, accompanied with severe uterine pains. Prescribed 10 drops tinct. gelseminum and 10 drops tinct. opium, every hour, until fever and pain abated, and then quinine in two-grain doses, every two hours during the intermission. The fever and pain stopped after the second dose. Commenced the quinine, and, after three doses, stopped that. She had taken castor oil, with effect, previously. I saw her the next day about two hours before she expected the chill. Gave at once 12 grs. quinine and ¼ gr. sulph. morphia. It carried her safely over the chill and paroxysm of fever, and she has been apparently well ever since, taking regularly every morning 3 grs. quinine to prevent a relapse. The midwife has gone home,

and when I inquire about her health, she replies in the only English she can use—"*I feels goot.*" She is also expecting her confinement every day.

I have exhibited quinine in many cases like the above, without, in one single instance, producing any unpleasant results. Not only have I used it thus to suspend a chill, but have used it in cases of pregnant, unacclimated ladies, as a prophylactic, for months during their term of gestation, with the happiest effect and complete success. The conclusions I have arrived at are not on a "few years' practice in a most malarious region," but over twenty-five years.

MADISON MARSH, M. D.
Port Hudson, La.

Two Cases of Opium Poisoning.

EDS. MED. AND SURG. REPORTER:—

I send for insertion in your Journal the following notes on two cases of opium poisoning treated with veratrum viride.

Saw E. C., Dec. 23d, 1871. Boy, age 18, disease pneumonia of right lung. Gave calomel grs. viij; opium grs. ij, through the night. Saw patient at 10 A. M., next day; found him breathing slowly, sleeping profoundly, could not be waked up by shaking. Finally aroused him a little by dashing cold water in his face. Breathing six times per minute, pin-point pupil, pulse slow, and the perspiration pouring off him. Diagnosed opium poisoning. Gave immediately ten drops Tilden's fluid ext. veratrum viride. Waited twenty minutes, gave eight drops more. In the course of one hour he vomited freely, at the expiration of two hours, breathing twelve times per minute, pupils natural, and wide awake; patient recovered. His mother was an opium eater, and had given him an overdose.

Case 2.—I was traveling by private conveyance, and stopped over the Sabbath at a farmhouse near the town of S. A son-in-law of the old man with whom I was staying had been drinking for a week or ten days, but was trying to overcome its effects. His wife, on Sabbath night, learning that I was a physician, asked me to see Mr. E., saying she was afraid she had given him too much morphine. Condition thus: pulse very slow, skin cool, pupils contracted, complaining of great cramping in the stomach and bowels. I attempted to count his breathing, but the upheavals of the chest were so slight I could not count it. Asked the lady how much morphine she had given him; she said seven doses; I asked her to show me about how much she gave at a time, and judging from the quantity she put out, he had taken three and a half or four grs.

I gave ten drops Tilden's fluid ext. veratrum viride, saying to her if it did not vomit him in an hour to let me hear from him. In less than an hour he vomited freely; pupils more natural, breathing ten per minute; I told the lady if he vomited too much to give him a little whiskey. Next morning he was all right. Have given it in a number of cases since, less pronounced, with the same results.

A. N. CARRIGAN.
Lisbon, Ark.

NEWS AND MISCELLANY.

Artificial Fibrin as a Diet.

Dr. John Goodman, in a communication to the *British Medical Journal*, says of artificial fibrin: "As a member of the British Medical Association, and in the common interests of humanity, I have much pleasure in calling attention to my discovery of this new dietetic substance. So far as I have employed it, it promises fair to be invaluable in medical practice, especially in cases of feeble alimentation and deficient nutrition, and second to none in those cases where rejection of food forms a prominent feature, or where the appetite and digestive powers are reduced to a minimum. As fibrinous material, it is of course highly nutritious, and eminently adapted to all cases where there is a deficiency of fibrin in the blood. It is, perhaps, unparalleled in its qualities of lightness and digestibility, and is, moreover, a great delicacy. In many urgent cases of rejection of food, etc., it not only remains where an egg otherwise cooked would not be tolerated, but its presence in the stomach has been found to create a feeling of want rather than of superfluity, and to promote rather than decrease the appetite for food.

The production of this substance is within the reach of every sick room, and is effected with great facility. It is formed by exposing albuminous material to the operation or influence of cold water, for a given period; and on account of its great plenteousness we employ the ordinary hen's egg for its production. When the shell is broken and removed, and its contents are immersed in cold water for twelve hours or so, they are found to undergo a chemico-molecular change, and to become solid and insoluble. This change is indicated by the assumption, by the transparent white of the egg, of an opaque and snowy white appearance, which far surpasses that of an ordinary boiled egg. The product, and the fluid in which it is immersed, must now be submitted to the action of heat to the boiling point, when the fibrin will be ready for use."

We will add that on trial we find that, for table use, the eggs thus prepared are most excellent, and this method of preparation will no doubt soon come into general use. Instead of boiling in the water in which the eggs are originally placed, they may be removed therefrom after standing twelve hours and put at once into boiling water.

Life in India.

A British surgeon writes:—

"Outside it is 120°, and even 90° Fah. day and night indoors. The sun pierces your very marrow, the flowers have no fragrance,

the fruit no flavor. But if a man is careful in all things, as regards eating, drinking, smoking, chastity, and adopting precautions against the sun, as a rule he does very well. Men take too much out of themselves, by riding and raquets, and are careless as to clothes. During the day, blue goggles; a warm shooting coat, padded down the back with cotton; a broad-brimmed hat; a roller round the stomach; very little animal food; no wine until sunset (weak brandy and soda the most harmless); a sleep from twelve to two before lunch; take exercise, when you can, early in the morning; never be idle; these are the precautions to adopt against this climate, which was never intended for Europeans."

Prize on Tubercular Meningitis.

The Hospital Medical Society of Paris has decided that the competition for the prize founded by M. Phillips in 1862, for an essay on the curability of tubercular meningitis, shall close on March 31st, 1875. The subjects to be discussed in the essay are: 1. The differential diagnosis of tubercular meningitis. 2. Its etiology and preventive treatment. 3. The therapeutic indications furnished by the symptoms observed in the course of the disease when once declared. Essays, written in French and signed with a motto, are to be sent in to Dr. Besnier, 87 Rue Neuve des Maturins. The value of the prize is 1200 francs.

—Dr. R. T. Dunn, Deputy U. S. Marshal, was assassinated in his bed, at Corinth, Miss., on Friday night, August 8th, by some unknown person. It is thought he was fired at through a window with a gun loaded with buckshot, which was placed within a few feet of his head.

—The cattle plague has broken out afresh in Russia. The Prussian Government has forbidden the import and export of cattle or meat, as well as all animal substances, except milk, butter, and cheese, across the infected frontier.

—We regret to hear that M. Littré, the celebrated French lexicographer, who has just completed his Dictionary of Medicine, Surgery, and the Allied Sciences, is suffering from a malady which it is feared will shortly prove fatal.

—At a competitive examination for nomination to a West Point cadetship in a Congressional district of Tennessee, recently, Wm. M. Alexander, son of Dr. W. W. Alexander, of Athens, was the successful competitor.

—It is stated that the costs of the recent lawsuit to establish the claims of women to medical education at Edinburg University amount to $4241, and that those costs have been thrown on the lady students.

—Dr. Thos. S. Kirkbride having declined, the Governor has appointed Dr. Wm. Corson, of Norristown, as one of the Commissioners to select a site for the new Insane Hospital.

For this hospital the profession have to thank the State Medical Society of Pennsylvania, incited to action by resolutions offered and ably advocated by Dr. John Curwen, of Harrisburg.

This alone is sufficient answer to the cavillers, who, while absenting themselves, are constantly exclaiming against this organization for doing nothing but junketing.

—Members of County Medical Societies in Pennsylvania should see that their names are properly given to the Permanent Secretary. We have heard much complaint on this head, both from that official and others.

The law is that when a Secretary of a County Medical Society fails to forward a list of officers and members and their post-office addresses to the Committee of Publication, all permanent members of said County Society lose their membership in the parent body, and all the names of members of that County Society are omitted from the annual roll. Attend to your duty, gentlemen.

—Dr. Lyman Congdon, of Syracuse, formerly Superintendent of the Willard Asylum, has been appointed Superintendent of the Inebriate Asylum at Binghampton, vice Dr. Dodge resigned.

—Dr. H. W. Berend died in Berlin on June 25th, of heart disease and ascites, at the age of sixty-four. He was the director of a well-known gymnastic orthopædic institution, which he founded forty years ago.

OBITUARY.

DR. JOHN H. BEECHER.

The semi-annual meeting of the Albany County Medical Society took place June 11th, 1873, Dr. Van Derveer in the chair. The minutes of the annual meeting were read and approved. The President then rose and said:—

"As our Society increases in members, the number of those whom death takes from us must necessarily become greater, and for the first half of our present year we have been called to mourn the loss of an unusual number. To-day I have to announce to you the death of Dr. John H. Beecher, who died of inflammation of the lungs, June 1st, in the 45th year of his age. He had long been a member of the Society, but from his location in the country, where he was engaged in a laborious practice, he never became an active member; seldom meeting with the Society, and to many of the younger members was a comparative stranger."

DEATHS.

Sickler.—At the residence of her husband, Dr. John R. Sickler, of Mantua, N. J., on the 18th inst., Eliza L. Sickler, aged 50 years.

Zantzinger.—In this city, August 16th, Dr. Alfred Zantzinger, aged 34 years.

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At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has *equal* tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

The cut below gives the size of the ounce phial, and the form of putting up.

Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M. D. *Fall River, Mass.*

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FREY, M. D., *Perry, Iowa.*

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. COONS, M. D., *Madison, Ala.*

I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. *Wapping Falls, New York.*

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M. D., *Indianapolis, Ind.*

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. Ross. M. D., *Lincoln, Ill.*

I have used an ounce of Cincho-Quinine in some obstinate cases of intermittent neuralgia and ague, and am happy to state that it has thus far sustained in full the anticipation raised by what you have claimed for it. Dr. S. S. Cutter, of this city, has an extensive general practice, and he informed me a few days ago that the Cincho-Quinine was giving satisfaction.—J. H. BEECH, *Coldwater, Mich.*

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BY S. W. BUTLER, M. D.

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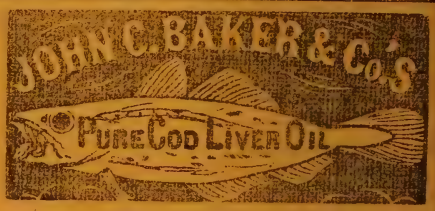

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THE

MEDICAL AND SURGICAL REPORTER.

No. 862.] PHILADELPHIA, SEPT. 6, 1873. [Vol. XXIX.—No. 10.

Original Department.

Communications.

COMPARATIVE PATHOLOGY OF CHOLERA, YELLOW FEVER, AND MALIGNANT FEVER, OR PERNICIOUS MALARIAL FEVER.

BY JNO. J. CALDWELL, M. D.,
Of Baltimore, Md.

Read before the Maryland Epidemiological Association, August 19th, 1873.

Dr. Stillé, in his late learned lecture on epidemic or malignant cholera, says the only diseases which malignant cholera resembles are the sporadic form of cholera, serous diarrhœa, and poisoning by certain irritant substances, and illustrates its anatomical pathology by referring first to the blood. As a general rule the arteries are nearly empty; they sometimes, however, contain a small quantity of black and viscid blood. The veins and the right side of the heart are filled with dark blood, which is, in general, very imperfectly coagulated, and often fluid. Even when clots are formed they are for the most part soft, and resemble blackberry jelly. The veins of the brain are usually gorged with liquid and black blood, and the same is true of the veins of the small intestines; the red globules themselves undergo important changes; they have lost their watery constituents and become shriveled and irregular in shape, and may even be completely disintegrated.

Niemeyer, in his article on Cholera Asiatica, makes the same statement. The leading authors of the present day hold the same views. On opening the abdominal cavity, the peritoneal coat of the intestine presents a pink or rose tint; sometimes the color is very dark, the venous trunk being full of pitchy blood; the contents of the intestinal canal vary somewhat in its different portions.

The mucous membranes of the stomach seldom present any organic changes. In the large intestine are found the same changes of color and consistence of the mucous and sub-mucous membranes as at the upper portion of the intestinal canal, but with much less frequency. Neither the spleen nor liver present any special alteration. The gall bladder is generally distended with glairy bile. The kidneys are often congested, and the calices contain a large quantity of epithelial scales, which give the urine a turbid appearance in the bladder.

That its primary cause is material, and acts upon the gastro-intestinal mucous membrane, and upon the organic nervous system, we cannot doubt. Unlike other epidemics, such as yellow fever, malignant malarial fever, and typhus, we find no alteration of the blood that will throw light upon the succession of symptoms. These, on the contrary, point to the gastro-intestinal canal as the material starting-point of the morbid processes which develop cholera. Niemeyer says almost the same in the following words: "The comparison of the intestine in cholera to a portion of the skin from which the epidermis has been removed by boiling water or blister is very correct." Watson says, "The alimentary canal was found to contain a white liquid, such as had previously issued from the bowels. The veins were

loaded with thick black blood, and the bladder was found empty and contracted.

What is the remote cause of cholera?

Stillé says, "Evidently something received from without and swallowed." One opinion is that it consists of certain microscopic fungi, or their germs, which, on being received into the bowels, propagate their kind and destroy the epithelium. It is believed by some that this fungus takes its rise on the bank of the Ganges, and that it is produced upon the rice plant; this we will endeavor to demonstrate by analogy with the history of other fungi, and show in this instance what the learned author says, that here these fungi demonstrate themselves especially upon the gastro-intestinal canal, the material starting-point of Asiatic cholera, thus causing the profuse flow of serous and watery portions of the blood into the bowels; the vomiting, the purging, the prostration, and the waste in a few hours of the fullest and finest form; the chills and pallor of the extremities and trunk, so thickening the blood as to arrest its passage, and spread its cyanotic shadow over the whole surface of the body, thus paralyzing the heart and the organic nervous system, kidneys, and other secreting organs of the body. Thus this chain of pathology is the cause of death, so graphically described by this author.

Now, to demonstrate this parasitic theory, we will endeavor to show that they seem to have the power of electing different membranes or organs as their point of attack; for instance, in cerebro-spinal meningitis we find the arachnoid sadly implicated; in malignant malarial fever we find the following demonstrations, so ably exhibited by Professor Joseph Jones, of New Orleans.

Skin jaundiced, but much less than in yellow fever; head blood-vessels congested; heart normal; lungs congested, but otherwise normal; stomach contracted, containing a small quantity of mucus colored by bile; intestines normal in appearance; liver, upon the exterior, slate-colored, when cut, bronze within; the blood issuing from the cut liver remained of a dark purplish hue, and did not change to a brilliant scarlet, as in yellow fever.

Gall bladder; the bile is more abundant in malarial fever, and of a deeper color than in yellow fever; spleen enlarged and softened; it resembles a bag filled with mud; kidneys normal; bladder distended, with reddish-brown urine, of acid reaction; here we find the lesion in the spleen and gall bladder, principally, the spleen being utterly disorganized, and the gall bladder containing more than 1000 grs. of bile, having a high specific gravity, viz: 1036. Under the microscope the granular concretions in the bile were found to be composed chiefly of epithelial cells from the mucous membrane of the gall bladder, cells from the biliary ducts, and casts of the biliary tubes; under the microscope the splenic mud proved to be a mass of pigmentary matter.

How different in yellow fever. Here the form is full and bloated; skin golden yellow; black vomit running from the corners of the mouth; putrefactive changes rapid; heart, pericardium greatly congested, pale yellow, and as if undergoing fatty degeneration; numerous oil globules deposited within the muscular fibrilla of the heart; the blood contains urea, bile and carbonate of ammonia in abnormal quantity. When a drop of blood is allowed to fall upon a piece of white paper the centre remains bright red, while its edge is of a bright golden color. Urea and bile are found in all the secreting organs of the body, the fibrin of the blood almost entirely destroyed, the bile having the effect of dissolving the colored corpuscles.

Stomach; mucous membrane congested, soft, and eroded, and strongly alkaline, containing large quantities of dark grumous blood, or black vomit, also strongly alkaline; chemical analysis also revealed ammonia and urea; under the microscope this black vomit was found to consist of blood corpuscles, broken capillaries, and cells of the mucous membrane of the stomach.

Intestines; dark color, and distended with gas; liver yellow, resembling fatty degeneration; under the microscope its texture is found infiltrated with oil. Its cells were large and swollen, and filled with golden colored oil. Chemical analysis revealed fat in abnormal quantities, also urea, animal starch, and grape sugar.

The liver of yellow fever, as far as observation extends, according to Stillé, Wood, Lewis, and many others, is of a bright yellow color. A decoction of this liver was a bright golden color, which could be extracted by both water and alcohol.

The yellow fever liver is firmer and harder than malarial liver, and contained much less blood; much less readily acted upon by alkalies and acids.

The gall bladder contained only about 100 grs. of thick bile, while in malignant malarial fever it contained over one thousand.

Yellow fever vomiting is rarely bilious, except in the very commencement of the disease.

The stomach and intestines are rarely discolored by bile in yellow fever, while in malarial fever they are decidedly so.

The spleen normal in size and appearance.

The kidneys brownish-yellow, containing much free fat; tubules filled with oil globules, epithelial cells, and yellow granular albuminoid matter.

The sudden suppression of urine in yellow fever is of more fatal import than jaundice and black vomit, and is due to these structural changes; the suppression of urine favors the supervention of black vomit by the toxæmic effect of the retained urinary constituents. The urinary bladder contains little or no secretion. What urine is found is loaded with albumen casts, kidney cells, and albuminoid granular matter.

This paper, as you perceive, advocates the theory that the disease under discussion (with others) is the result of the toxæmic effect of fungi, or spores, and in conclusion we will show how these things are disseminated through the atmosphere, by quoting from the learned lecturer, Professor John C. Dalton, of New York. The microscopic fungi, if you please, of rice, the probable cause of cholera, are disseminated in two different modes.

First. By immediate contact, as when the mycelium of the decoy fungus passes directly from one point to another; and secondly, by dispersion of the spores, which may be wafted in every direction by the atmosphere.

Perhaps the communication by spores is the most important of the two. For the very diminutive size of the spores and their extreme lightness render them liable to be caught up and disseminated by every breath of wind; when they reach a favorable locality they begin at once to germinate and produce a new growth.

The atmosphere, accordingly, is the great vehicle for the transportation of these spores, all of them being capable of reproducing their parent mycelium, and many of them giving origin to disease of parasitic nature. There is no better example of the extreme delicacy and lightness of these spores than that shown by the common puff ball.

This well known fungus growth has an external envelope of papery consistence, and is filled internally with a quantity of smoke-light dust which is composed of nothing but spores. These spores, as you see, can be dispersed from the fungus like so much smoke, and each little puff which is discharged from its surface carries with it literally millions of microscopic spores, which float in the atmosphere and are carried in every direction by the moving currents of air; hence, when introduced into the body, and have manifested their specific effect, they may be reproduced and largely multiplied, and disseminate their peculiar disease through the various excreta of the body by fermentation, thus causing epidemics. This is the present popular cholera theory.

THE PLASTER OF PARIS APPARATUS IN GUN-SHOT WOUNDS OF THE LIMBS.

BY H. J. SEIGNEURET, M. D.,
Of Henderson, Minn.

In the month of February, 1873, I received from a friend, surgeon in the French army, a full description of the plaster of Paris apparatus employed during the last stage of the Franco-German war in gun-shot wounds of the limbs.

My friend says that the old methods of resection and amputation were entirely abandoned by the surgeons of both countries, and that, thanks to the new apparatus, they have preserved for usefulness thousands of limbs which otherwise would have been crippled or destroyed.

This new process being evidently an improvement on the various appliances used by us during the rebellion, and, as I suppose, not generally known to the Profession in this country, I think it a duty to give publicity to the use I have made of it after every other means had entirely failed. Last Christmas, Pat. Gallagher, a boy, 18 years old, of Green Isle, Sibley Co., Minn., received, close to the articulation of the humerus with the scapula, the full contents of a gun loaded with eight buckshot. Two inches of the humerus were ground to atoms, and all the fragments driven, with the lead, among the muscles, four only of the buckshot having passed through the arm.

Dressed in the ordinary way, after the removal of the loose fragments and projectiles. The wound made no progress in the right

direction, and after two months there were no signs of callous or of granulation. I resorted to the plaster of Paris apparatus as a forlorn hope, before resection or amputation.

Not having at hand a silver tube of the proper size, I bent a wire of platinum a dozen times on itself, and gave it the cylindrical form of a tube; this was introduced in the wound to drain the pus, both ends protruding above the skin in front and rear of the arm. I covered them with a cap to prevent infiltration of plaster in the wound. All around this I spread very thick collodion, and formed an artificial skin cover in a radius of one and one-half inches. Next, I bandaged the arm with flannel from the elbow up over the shoulder, and covered this flannel with another bandage of muslin saturated with olive oil, to prevent any adhesion of the plaster. The bandages were besmeared with collodion in the neighborhood of the ends of the discharge tube. Having laid the patient in supination, the arm was extended at an angle of 30° from the axis of the body, and supported by a smooth oiled board, furnished with hook and screw, to maintain the limb in its natural length by extension.

A first coating of pure plaster of Paris, prepared with water at 100° F., was rapidly spread over the bandages, forming a thin coating in front and on both sides. Before the solidification of this plaster, I quickly wrapped around the arm a piece of wire cloth, such as is used in the manufacture of corn-meal sieves, a hole adapted to the protruding back part of the discharge tube having previously been cut in it. This being fixed, I approached the two free margins of the wire cloth as tightly as possible in front, leaving a semicircular indentation in each one to envelop the front part of the discharge tube; this done, I turned the two margins at right angles, and maintained this cloth in position until sufficiently imbedded and hardened into the plaster.

My next step was to relax the extension screw to permit me to raise the arm and shoulder half an inch from the board; I supported the limb with half-inch pads, tightened the screw again, and ran over all a sufficient quantity of plaster and starch, this last substance being the quarter part of the compound paste. During the hardening process, I pared the rough coating so as to render it as light as practicable, without impairing its solidity.

After half an hour I prepared to open the mould, first removing the oiled board, then cutting into the plaster a furrow, shaped like a V; this furrow passing by the centre of the back discharge tube down to the elbow; I left it three-quarters of an inch wide at the outside, and only one-sixteenth at the bottom, where I met the wire cloth, which was left untouched. I also disengaged the back tube, and took off the cap which protected it against the plaster.

Then, proceeding in front, I cut into the plaster between the two upraised margins of the wire cloth, until I reached the oiled muslin, splitting the mould entirely. I also cleaned the front part of the discharge tube, and without difficulty opened the plaster mould, the wire cloth in the back part serving as a perfect longitudinal hinge to the apparatus. The manufacture of this apparatus having proved successful, I practiced sufficient traction with the hand to bring the limb to its natural length; then cautiously I shut the mould on it, and wrapped all with a few coils of bandage.

After two weeks the granulation began in earnest; in fifty days it had reached the tube, which was withdrawn and two short ones inserted in its place. And to-day, six months after the use of this apparatus, the boy is binding wheat in the field, using his arm as before the accident.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

[Reported by J. W. P. Bates, M. D.]

Capillary Bronchitis.

BY H. R. NOEL, M.D.

(This essay embraces some of the views of Roberts, Aitken, and Niemeyer.)

The older writers called this disease capillary or suffocative catarrh, a name which we think eminently judicious, as it not only gives the anatomical seat and nature of lesion, but also gives the lesion of function. It is usually an acute affection, though sometimes found in a chronic form in the aged. It may present simple hyperæmia, or may be of the catarrhal or croupal form; the catarrhal giving cells, mucus, pus, etc., and the croupal giving fibrinous elements.

The causes may be predisposing and exciting. The predisposing are:—

1. *Age.*—More common in infants, especially during dentition, and in the aged.

2. *Habits.*—Over-heated rooms, over-wrapping, and too much coddling are favorable to its production.

3. *General Health.*—Weak and enfeebled persons, diabetes, Bright's disease, scrofula, gout, rheumatism, etc.

4. *Weak Lungs.*—Tubercular deposits, cancer, etc.

5. Obstructed circulation, as in heart disease, ascites, etc.

6. *Occupation.*—Those exposed to heated rooms and cold draughts, exposed to wet and cold out of doors; knife, scissors, and steel grinders; workers in cotton, charcoal, etc.

7. *Climate.*—Damp, cold, fickle or changeable climates predispose to bronchitis.

8. *Season.*—Fall, winter and spring, in bad weather and inclement seasons.

9. More prevalent in large towns, etc.

The exciting causes are:—

1. Exposure to cold and moisture, and more especially if the patient has already a bronchial catarrh involving the larger tubes.

2. Inhalation of irritant gases, and of dust from steel, cotton, charcoal, etc.

3. Morbid blood conditions, as measles, typhoid fever, scarlatina, small-pox, gout, and rheumatism.

4. Sometimes epidemic, as during influenza.

Symptoms.—These vary somewhat, according to the amount of bronchial surface involved, and also as to the previous condition of the patient. If not very decidedly extensive, they are usually as follows:—

1. Shiverings, chills, etc., repeating themselves even during the rise of fever, headache, nausea.

2. Comparatively little pain at first, but an incessant dry, rasping cough.

3. Whistling, wheezing, sibilant rales.

4. Dyspnœa, but no dullness on percussion.

5. Rapid respiration, anxiety and restlessness.

6. Expectoration at first scanty, clear and viscid; afterwards more free, opaque, whitish or yellowish. If a large surface in each lung be implicated, the dyspnœa is excessive, and the restlessness and anxiety very marked, while the respiratory efforts are rapid and laborious. The face often indicates great terror and intense distress, and in children this sometimes amounts to an agony of fear. After two or three days there are muscular pains from straining in the violent paroxysms of coughing.

The shiverings, fever, dyspnœa, dry cough, rapid respiration, sibilant rales, clear percussion, etc., are the symptoms most reliable for diagnosis. The restlessness and distress are also of value. The absence of any great amount of pain, and the presence of the harassing paroxysmal cough in pure capillary bronchitis are remarkable, and can only be explained on this ground, viz.: the afferent nerves, conveying impressions to the nerve centres, do not belong to the class which transmit the sensations of pain, but form one portion of a physico-reflex arc, and the impressions received are transmitted to the nerve centre and a motor influence at once reflected back, which motor element we recognize as the muscular effort of coughing. Nature has here wisely protected these minute tubes from occlusion by tenacious secretions, and from obliteration by adhesive inflammation of the walls; the violent and convulsive efforts are, therefore, to a great degree conservative against obstruction of calibre, though if in too great excess, they are exhausting and injurious. It is evident, therefore, that the most delicate of all therapeutical questions will be, "*when* and *how far* to control this cough by anodynes;" and keen must be the observation of the practitioner, and shrewd his judgment, when in a severe case he desires to save his patient from the exhaustion of the cough, and at the same time avoid the great danger of obliteration of a large space of breathing surface, by permitting capillary occlusion from retention of secretions. If it be true, as stated by a high authority (Draper, p. 159), that each terminal bronchus has 20,000 air cells attached to it, and that there are 600,000,000 of these air cells in the lungs, we can readily appreciate the danger, in a case of extensive bronchitis, of the obliteration of the calibre of these tubes, even though the diameter be not more than from $\frac{1}{60}$ to $\frac{1}{10}$ of an inch, for such obstruction must cut off a large area of breathing surface and hasten asphyxia. And this is more particularly true of children too young to expectorate and thus relieve the tubes of this obstructive mucus, pus, or croupal formation, and yet whose impressible nervous systems render the incessant cough one of the most prominent and annoying symptoms. In several cases seen in the last few months, there appeared almost an absence of pain (except from muscular soreness), while there was a most marked and aggravating cough, continuous even during sleep, and recurring each day or night in paroxysms so distinct as to lead to a strong suspicion of complication by malaria. The bronchial membrane appeared almost in a state of anæsthesia as regards pain, but excessively active as regards reflex impressions resulting in motor impulses. Emetics demonstrated the croupal element in several of these cases.

Dangerous Symptoms.—When a very large area is involved, when the secretions are very fibrinous or croupal, when the patient is feeble or has a chronic disease of the lungs or heart, when a fresh attack from exposure complicates an already uncured attack of an extensive character, and when the patients are very young or very vulnerable children, we have often arising symptoms of a most dangerous import. These symptoms are apt to be of two kinds: 1. Those indicating an overwhelming of the nervous system; 2, those indicating approaching asphyxia.

1. *Nervous Elements.*—There is usually excessive cough, high fever, great headache, loss of sleep, intense restlessness, dry tongue, rapid pulse, then delirium or convulsions, coma and gradual death, preceded by profuse perspiration from paralysis of the muscles of the skin, and extensive bronchial rales from paralysis of organic muscular

fibres of the lesser tubes, causing retention of the secretions.

2. *Asphyxia.*—In the other class of cases the approach of asphyxia is seen in the violent efforts at respiration, the perpetual restlessness, the quivering nostrils, the paling lips, the bluish fingers, the general cyanotic appearance, the cold, clammy sweat, the falling temperature, the often gradual drowsiness, cessation of all cough, with bronchial rales and the death rattle. Niemeyer says that impending danger in the capillary bronchitis of children may be often foreseen from the following symptoms: 1. Sinking in of the epigastrium and of the hypochondriac regions, showing that the air cells are being exhausted and not refilled, owing to obliteration of calibre of tubes by retained secretions, etc.

2. Increased and permanent prominence of the supra and infra clavicular regions, showing that air is being forced into these air cells, but does not return, i.e., there is not the normal interchange between the air in the cells and the external atmosphere. So we shall find a species of permanent collapse at the basis of the lungs, and a condition of permanent distention at the apices. In each case normal respiration is not performed, and impending danger is to be dreaded. In the collapsed condition air fails to enter the cells; in the distended condition both air and carbonic acid fail to leave the air cells.

Bronchial catarrh of new-born children, Niemeyer thinks, is often mistaken for organic disease of the heart, as the cyanotic symptoms come on rapidly, from the fact that the child does not cough, and the imperfect development of the muscles of the chest and bronchial tubes permits rapid occlusion of many tubes, and rapid asphyxia by obliteration of the breathing surface.

Duration.—It is an acute disease, and will run its course in from five to twenty-one days—rarely over a month. In fatal cases death occurs in children usually between the fourth and tenth days; in adults, between the eighth and fourteenth days. Some cases are much more rapidly fatal. Children often die on the second or third day. The Emperor of Russia died (during the Crimean war) within, I think, 48 hours after the exposure which induced a relapse. Rarely does this form become chronic, but it sometimes lays the foundation for emphysema, and, according to Niemeyer, galloping consumption.

Diagnosis.—The diffused character of the chest sounds, the absence of dullness, crepitant rales, rusty sputa, a pain (never acute), the continued shiverings, the dyspnœa, restlessness, and the incessant cough are usually sufficiently characteristic.

Prognosis and Mortality.—It is a grave lesion, and the prognosis depends upon many elements. It is grave (1), if the disease be very extensive; (2), if in the very young or very old; (3), in feeble and delicate persons; (4), if it should complicate chronic heart or lung trouble; (5), if the sputa be very excessive and very tenacious, and symptoms of asphyxia threaten early; (6), if intercurrent disease complicate it.

The Morbid Anatomy shows diffused redness—arborescent redness—evidences of congestion; a swollen and thickened membrane; softened and abraded membrane; inflammatory products: if a recent case, scanty and tenacious mucus or fibrinous patches: if of longer standing, mucus-pus-fibrin, detached epithelium, exudation corpuscles, coagulated blood, occluded tubes and portions of lungs with air cells collapsed, and other portions with air cells distended from air retained by the occlusion. Occlusion during expiration would give collapse; occlusion directly after inspiration would give distention simulating emphysema.

From the morbid anatomy we can at once deduce the pathology as being almost certainly an inflammatory affection of the lesser bronchial tubes, involving the mucous membrane primarily; and important as it interferes with the function of respiration. It occurs from checked perspiration, direct action of cold on the membrane, or by extension from the larger tubes; or from the poisons of other diseases, as measles, typhoid fever, gout, rheumatism, small-pox, malaria, etc.; or caused mechanically by direct irritants, as steel, iron, coal dust, etc.

Treatment.—If, upon a careful examination of the patient, the *cause* be found to exist as a continuously operating one, it should, if possible, be removed. Under this head, irritant dusts, cold draughts, damp and cold working rooms, continuous flowing of saliva upon the breasts of children, going from an overheated room into the raw air, working or sleeping in overheated rooms, etc. If the cause cannot be removed at once, such as the poisons of specific diseases, we must regard these conditions, and shape our therapeutics as best we can to palliate the cause, while we endeavor to remove the intercurrent bronchitis. But in the majority of cases we will have to deal with a true catarrh, the result of incautious exposure to cold, and the treatment in these cases will depend simply upon the condition of the patient and the urgency of the demands for relief. In mild cases, and especially in adults, the treatment is comparatively easy, provided you can control your patient. It consists in a gentle laxative, a temperature of 60° to 70°; liq. ammon. acet., ʒij; spts. ether. nit., ʒss, every 4 hours; rest in bed; blankets in abundance; a thorough diaphoresis; potass. bromid., grs. xv.; morphiæ, gr. ½, every 6 hours; hot teas for from 2 to 5 days; and, in suitable cases, inhalations of warm vapor. In cases which cannot be controlled, and which will go out in spite of advice to the contrary, we can allay cough by morphia or chloral, protect the chest by several layers of flannel, order a camphor or belladonna plaster, and use strong tonics from the start. Should the secretion be very tenacious, we can give bromide of potassium, carbonate or chlorate of potasso., muriate of ammonia, with small doses of wine of ipecac. or tinct. or fluid ext.

hyoscyamus. At nights there may be friction over the chest, with or without liniments. I usually order tr. camph., ℥ij; capsici, ℥ss; ol. olivæ, ℥iij; or equal parts of alcohol and ol. terebinth., or Stokes' liniment. At present I almost invariably order some preparation of quinine or cinchona as soon as the cough medicines are laid aside, and often before this is done.

But these are not the cases which demand our greatest skill. The cases requiring most attention and most careful practice are the acute and extensive ones, with fever, cough, restlessness, dyspnœa, orthopnœa, and sleeplessness. Chambers, of London, in acute cases, in adults, affixes a hot jacket poultice and renews it very often, so as to keep a constant moist heat over the entire chest; he also orders inhalations of warm vapor continuously for several days, and as soon as the sputa become free and opaque, gives either bark or quinia. He claims for this treatment great success, great relief from cough and dyspnœa, and a rapid convalescence. Niemeyer and others favor this inhalation, and speak most encouragingly of the results obtained. In acute capillary bronchitis, venesection, leeching, etc., are not now used, unless complicated by pneumonia or pleurisy, and then only with caution. Most if not all authorities appear to agree upon certain things as essential:—

1. Free diaphoresis, warm room, warm coverings, warm drinks, hot foot baths.

2. Warm or hot applications to the chest (Niemeyer even gives *hot* baths in extreme cases); mustard poultices, hot flannels, etc., are used as hot as can be borne.

3. For cough, morphia, atropia, hydrocyanic acid, chloroform, ether, etc. I greatly prefer bromide of potassium and chloral, used very guardedly.

4. Small doses of ipecac., tartar emetic, etc., in early stages.

5. If the secretions be tough, the alkalies and chlorides.

6. Tonics as soon as fever subsides; blisters, if required; painting with iodine.

In children, I do not think too much stress can be laid on the great value of diaphoresis in the incipient stages. Warm baths, hot flannels, hot poultices, with warm inhalations, if practicable, and warm rooms, are admirable therapeutic agents. I have seen great relief from a bold use of ammon. acet. and nitre, with hot teas. For incessant cough, without much fever, I have seen inhalations of chloroform, repeated 4 or 5 times a day, give complete relief, and this, in one case, in a child five months old. I am almost certain (many of our most prominent Baltimore physicians to the contrary, notwithstanding), that I have procured excellent results by: ℞. Calomel, gr. ⅛; tartar emetic, gr. $\frac{1}{16}$–$\frac{1}{10}$; potass. nit., gr. ¼–j, every 4 or 6 hours, for 2 or 3 days. If, after the acute attack, the cough still continues troublesome, and secretion tenacious, I have found potass. bromid., potass. bicarb., vin. ipecac., and syr. senegæ or scillæ to give favorable results; and also hydrate of chloral, with potass. brom., if carefully watched. In using any narcotic, in severe cases, great care is necessary to avoid narcotism, if the secretion be at all free.

The dyspnœa, which is a marked feature of the disease, may be produced by two causes: 1. From spasm of the bronchial muscular fibre. Relieved by chloroform, chloral, ether, morphia or opium—some form of narcotic.

2. From occlusion of tubes and filling of air cells by excessive secretion; diagnosed by rales, etc. Assist expulsion by emetics boldly used, with stimulants and supporting treatment in the intervals. Support strength by beef tea, milk, cream, brandy, wine, etc., in small quantities, often repeated; but avoid full meals and prolonged sleep, as the one, by reflex action, may induce spasm and much coughing, and the other permits great accumulation of secretion, and hastens asphyxia.

As fever falls, give bark, quinine, iron, etc. I often prescribe the citrate of quinine and iron dissolved in good sherry wine, and have been much pleased with it.

Editorial Department.

Periscope.

On Mountain Climates.

M. Armieux has published, in his recent 'Medical Studies on Barèges,' some interesting observations on the effect of mountain climates and diminished atmospheric pressure. He has especially studied three subjects, which we shall pass in review successively. He has inquired into the influence of altitude: (1) On the size of the chest; (2) On the number of the respirations; (3) On the pulse. He has made his observations on himself, and on a series of military invalids sent from the military hospital at Toulouse to Barèges. He carefully examined them at the moment of their departure from Toulouse, and afterwards after a fixed residence of a certain length in the mountains.

The station of Barèges is about 4000 feet above the sea, which corresponds to 26.6 of

the barometer. Starting with these facts, M. Armieux has calculated that the weight of a litre of oxygen, which is 270 milligrammes at the level of the sea, is only 253 at that height, the mean difference being about 47 milligrammes per litre; whence it follows that, allowing 18 respirations per minute, and the absorption of oxygen being 8 litres for the same time, there would be a loss of 22.56 grammes of oxygen each hour, or 541.44 daily. It became interesting therefore, to examine what changes take place in the military invalids who spend four months continuously at Barèges, and who sustain during that period a loss of 25,920 litres of oxygen.

On May 4, 1867, Armieux took at Toulouse, almost at the level of the sea, measure of the girth of the chest, in 86 invalids. He found, as means, 871 millimètres in repose, and 905 millimètres in the greatest expansion of the chest.

After forty-five days' residence at Barèges, the measurement of the chest of the same man gave respectively as means, 888 millimètres in repose, and 917 millimètres when the chest was fully expanded; or as a mean of the augmentation of the measure of the circumference, a gain of 17 millimètres in the first case, and of 12 in the second.

After a residence of four months, measurement gave the following results: 900 millimètres in repose, and 930 in extreme expansion of the chest, thus giving a further increase of 12 to 13 millimètres on the former measurement, and a total increase of 25 millimètres in expansion, and 29 millimètres in repose of the chest since their leaving Toulouse (say about one inch). The capacity of the chests of the men submitted to this experiment had increased very sensibly during this residence of four months, no doubt in order to bring the function of respiration into equilibrium with the rarefaction of the oxygen.

According to the data of physiology, the number of respiratory movements per minute in the adult is about 18. The beats of the pulse are from 70 to 75 at the level of the sea, and it is generally admitted that the frequency of the pulse increases with the elevation. Parrot had found it 70 at the level of the sea, 75 at 3000 feet, 82 at 4500, and 90 at 6000 feet.

M. Armieux has not found these results confirmed in the invalids at Barèges. On the contrary, he found, not only that the pulse did not increase but that it diminished in frequency; and further, that if, according to ordinary physiological data, at the level of the sea the relation of the beats of the pulse to the movements of inspiration is expressed as 4 to 1, this correlation is no longer exact at Barèges, where the respiration is accelerated, while the pulse diminishes in frequency.

From the multiplied observations which Armieux has made, and of which he has given a detailed table in his work, he deduces the mean result that the number of inspirations has increased by 2 per minute, which corresponds with theory, but that the pulse has diminished by nearly 4 beats per minute, which is in contradiction to the usual observations. At the same time it may be remarked that Dr. Cavaroz, a military surgeon, obtained identical results in Mexico.

The correlation between the two functions of respiration and of circulation is thus broken. The flow of the blood to the lungs is accelerated; there is stagnation in those organs owing to the sluggishness of the heart, which is not active enough to relieve them; there is a diminution of the flow of blood to the brain; there is anæmia of the nervous centres, whence arise vertigoes and oppressions of the head, or pulmonary apoplexies, and various hemorrhages.

On Chloral-hydrate in Insanity.

"Next to subcutaneous morphia," writes Dr. S. W. D. Williams, quoted in the London *Medical Record*, "the introduction of the hydrate of chloral has proved the greatest boon to asylum physicians, for in it we possess an agent which exerts its hypnotic action with very great certainty, and also with safety, when even moderate care is used in its administration.

"As this (the Sussex Co.) was the first asylum in Great Britain in which it was used in the treatment of insanity, a few remarks founded on three and a half years' experience may not seem out of place.

"In acute mania, a single dose is not unfrequently followed by the happiest result. A patient who in the evening is violent and excited, or worn out from want of rest, will, after thirty, forty, or sixty grains of chloral, obtain eight or ten hours' sleep, and seem so much improved that in our earlier trials we almost hoped for a cure. Sooner or later, however, generally towards evening, the restlessness will return, to be again relieved by the chloral; and, as a rule, a smaller dose will now be productive of the same beneficial results. And thus the patient, in a longer or shorter time, will be steered through the disease and restored to health. In acute mania it is better, if possible, to limit its use to the night; and one large dose is more valuable than two or three smaller ones.

"In the general restlessness and agitation of progressive paralysis, it is often useful; and, contrary to the experience of some physicians, we have never seen it followed by bad consequences, or increase of the paralysis, other than could be accounted for by the progress of the disease.

"In that form of chronic mania verging on dementia, and accompanied by distinctive habits, the chloral hydrate has, in our experience, no equal; and observation convinces us that its use may be continued for many months without affecting the general health.

"In melancholia we do not use it much, regarding it as inferior to opium, and vastly inferior to subcutaneous morphia.

"It is unfortunate, but nevertheless true,

that chloral, even in large doses, will occasionally fail to produce any effect at all, and in these cases the most careful examination cannot detect the cause of failure. The analysis of Pellagio shows that the blood of animals poisoned with chloral contains chloroform in the same proportion as would be obtained by bringing a like quantity of chloral in contact with an alkali out of the body. It is, therefore, probable that when chloral fails, its failure is owing to the absence of that alkali which causes it to unfold its action.

"No fatal or dangerous effects have been seen in this asylum, though a great deal has been used, and it has often been considered necessary to order large doses of the drug. It is not easy to say what would be a poisonous dose. We saw in consultation a delicate female who had accidentally taken three drachms and forty-five grains in one draught. She slept continuously for twenty-four hours, and was very somnolent for twenty-four hours longer, while the peculiar chloroform-like odor of the breath was distinctly perceptible at many yards' distance from the patient."

The Correction of Prostitution.

A correspondent of the *Medical Press and Circular* writes on this topic:—

Boys are left to work out the most important problem of their lives alone, or assisted by the exaggerated notions of companions a little older than themselves, while the natural guardian stands by, stoically indifferent to the life and death struggle going on before his eyes, or is deterred by a false shame from stretching out a merciful hand to pluck the mask from, and reveal in all their horror, the true features of the monster Lasciviousness, clothed by the ardent imagination of youth with the beauty and fascination of a goddess. Whereas, they should be taught that chastity, not merely physical but mental, is the greatest earthly virtue, and its violation about the gravest social crime they can commit. Instead of which they are allowed, if not encouraged, to believe that their animal passions may be indulged in to their fullest extent with impunity; for their wildest excesses are either quietly ignored by their relatives or noticed with a shrug, and the apology that "young men will be young men," and must "sow their wild oats," as if we do not reap as we sow; and as we cannot gather grapes from thistles, so neither can wild oats produce a healthy crop. No, let it be impressed upon our boys that as chastity is an essential virtue in their sisters so it is equally indispensable in themselves; and that its violation is, morally, as grave a crime in the one case as the other.

Further, let them be taught that youthful continence adds materially to the enjoyment of after-life, and especially in the married state.

Both our boys and girls must be educated with a view to their becoming husbands and wives as soon as possible after reaching maturity; a consummation which is most devoutly to be wished for, but practicable only when the overcrowding of our towns and cities, and our country districts too, has been remedied by free emigration to the colonies, where large families are yet, what they ought everywhere to be, a blessing and not a curse.

Again, it should be made a felony for a man to *seduce* a woman, whether she gave consent or not; in which case fewer recruits would be added to the mournful army of the streets.

A class of professional prostitutes, however, is undoubtedly one of the safeguards of society as at present constituted; but it is one that best organizes itself, according to the law of supply and demand; and intervention, if at all, is only required to wisely repress its exuberance.

To sum up, we must prevent our public women from soliciting prostitution, as we prohibit our mendicants from openly asking alms; we must earnestly inculcate chastity of mind and body on our sons, and assist them, by a more manly system of education than at present obtains, to rule their passions, which, judiciously managed, are capable of restraint, and may be brought, though not without an effort, into perfect subjection to the will; we must train our youth to look upon marriage as the grand object for which they have been brought into the world, and we must enable them to attain that object by a properly organized system of emigration. Our girls, too, must be instructed that they have something else to live for besides dress and parade, namely, to become wives and mothers; and when we have succeeded in accomplishing all this, and I firmly believe the time will come when it shall be done, prostitution will sink into unnoticeable limits, and venereal disease diminish in due proportion.

The Surgical Treatment of Aneurism in its Various Forms.

At the Royal College of Surgeons of England Mr. Timothy Holmes, Professor of Surgery and Pathology to the College, has been delivering a course of lectures on aneurism. The main propositions which he endeavors to establish are as follows:—

1. The superiority of the modern method of ligature, with catgut, cut short and buried in the wound, does not preclude the employment of compression.

2. There are forms of carotid aneurism easily curable by compression, and the compression of the carotid artery, though difficult and painful at first, may often be rendered successful by perseverance both on the part of the surgeon and the patient. For these reasons the ligature of the carotid, which has hitherto been a very fatal operation, ought as far as possible to be avoided.

3. When the ligature of the carotid becomes necessary, it may often be advisable to evacuate the contents of the sac, and secure the distal end of the artery.

4. Brasdor's operation on the carotid artery, though very rarely indicated, yet rests on sound anatomical and surgical principles.

5. Traumatic aneurisms and wounds of the vertebral artery are often confounded with lesions of the carotid, but such injuries ought to be diagnosed from those of the carotid, and may very probably be successfully treated by compression, or by the old operation.

6. Under the term "orbital aneurism" appear to be comprised several different affections. Some of these lesions seem to be spontaneously curable, or to have little tendency to a fatal result, and the others are very probably often curable by milder measures than ligature of the carotid, which should therefore be avoided in this disease as long as possible.

7. It is possible that, in rare cases, intracranial aneurism may be diagnosed and successfully treated.

8. Arterio-venous aneurism in the neck is usually, but not always, harmless.

9. There are many cases of axillary aneurism which are curable by compression, and many instances of cure by this method are already known. Ligature of the subclavian, on the other hand, is a very deadly operation, and the more so the higher the aneurism extends.

10. Though Mr. Syme appears to have been in error in speaking of the old operation as being generally preferable to the Hunterian ligature in axillary aneurism, yet there are cases of disease and, more rarely, of aneurism of that artery, in which a surgeon may be justified in preferring it; having always before his mind, however, the possible necessity of amputation.

11. Manipulation, or some other mode of local treatment, may possibly be successful in some cases of axillary aneurism; but there is no trustworthy experience on this head at present.

12. Brachial aneurism, traumatic or spontaneous, as also similar aneurisms below the bend of the elbow, may be usually treated with success, in the absence of heart disease; which, however, often complicates the spontaneous form.

13. Arterio-venous aneurism at the bend of the elbow is now commonly made amenable to digital compression, properly applied.

On Ague and its Varieties in Childhood.

Dr. Bohn, in the *Jahrbuch fur Kinderheilkunde*, April, 1873, quoted by the London *Medical Record*, gives the results of his observations upon ague as it occurs among children in Königsberg in East Prussia. He speaks of cases in which remarkably strong rolling or convulsive movements of the fœtus in utero seemed to show that the fœtus suffered from ague. In these cases the mother also had ague. The fit occurred on the same day in mother and child, or on alternate days. The fact of intrauterine ague is confirmed by children being born with enlarged spleens and highly cachectic; sometimes regular ague is noted in new-born children.

Bohn tabulates 462 cases of regular ague in children of fourteen years and downwards (the arithmetical errors in the table, as usual, are not few). Between the ages of two and seven years inclusive, there were, on the average, forty-six cases to each year: between eight and fourteen years, an annual average of twenty-four cases: one year and under, twenty-one cases: showing a predisposition to ague between the ages of two and seven years inclusive. Sex made no difference. The proportion of frequent occurrence as to different types was: Quotidian=3, tertian=2, quartan=1. The fits commonly happened between midday and midnight, especially in the evening.

Relapses were very common: Griesinger is quoted to the effect that sixty-four per cent. of relapses occur in children under eleven years old.

In young children the ague sometimes took on a continued or remittent type at the beginning. Even when fully developed, the paroxysms were usually imperfect and fragmentary, and especially so in very young children. Of the stages, that which is best marked, both as to distinctness and duration, is the hot stage. Dr. Bohn speaks of two cases of unilateral ague (if one may say so): one side of the body being burning hot, the other quite cold. The cold stage is usually not very well marked. The sweating is less abundant than in adults. The enlargement of the spleen is an important means of diagnosis, on account of these uncertainties in the type of the ague. Gastro-enteric catarrh is a very constant companion of ague in children; vomiting, diarrhœa, even cholera, occur: and for these reasons the period between the paroxysms is not always free from fever.

Cachexia ensues much more rapidly than in adults: two paroxysms may suffice to make its onset apparent. There are pallor, swelling of the gums, and, later, swelling of the hands, feet, and face; the urine is not albuminous. The enlarged spleen, chronic gastro-enteritis, atrophy of muscles, discoloration of skin, hemorrhagic diathesis, parenchymatous lesions of liver and kidneys, occur in later stages of the cachexia. Noma pudendi is not uncommon.

With regard to ague in the first year of life, Bohn remarks that the three stages of the paroxysm are sometimes very well marked; and gastro-enteric catarrh is seldom or never absent.

The irregular forms of ague were especially febres comitatæ, ague attended with unusual symptoms. These unusual symptoms were of two kinds: those connected with lesion of the nervous functions, and those connected with catarrhal affections of the gastro-enteric and pulmonary mucous membranes. 1. Febris intermittens soporosa is met with commonly in very young children. After a few ague-fits, the infant suddenly becomes exhausted and unconscious, apparently moribund; howbeit, the two cases

narrated by Bohn recovered under stimulation. 2. Febris intermittens convulsiva occurred in seventeen cases (thirteen boys and four girls), all under nine years of age. The convulsions are of two kinds, those connected with the pyrexia, usually accompanying the first paroxysm only, and those connected with the cachexia, the former more common but less serious. 3. Febris intermittens neuralgica is not so very uncommon as might be supposed when we bear in mind the infrequency of neuralgic affections in children. Bohn saw twelve cases, and in nine of these there was trigeminal neuralgia, in one sciatic, in one cardialgic, in one proctalgic. 4. Febris intermittens vertiginosa is not common. 5. Febris intermittens psychopathica; in four children a typically recurrent excitability, unruliness, or deep melancholy, with ill-marked febrile symptoms, seemed to point to a tendency of the same kind as that which leads to mania during the fever-paroxysm in the adult. Febres comitatæ with severe laryngeal or pulmonary catarrh, or pneumonia, do not call for special reference.

Febris larvata, or masked ague, Bohn believes to be exemplified by cases of periodical bloody evacuations from the bowel, almost or altogether replacing the usual symptoms of the ague fit. In the intervals, the pseudo-dysentery ceased.

Medicinal and Moral Remedies for the Cure of Insanity.

Dr. Francis M. Luther writes to the London *Medical Press and Circular*: If the treatment is instituted early, before the disease becomes a habit, relapse will be less frequent. It essentially consists in a cerebral hyperæmia, the result in most cases of a poison produced by mal-assimilation, acting upon nerve tissue which, from defective organization, is liable to attract, and be affected by, an amount of blood poison which would be harmless to a perfectly healthy brain. The predisposition may exist without any manifestation of disease of the brain, while there is youth and bodily health, that is to say, while digestion is perfectly carried on, while the chylopoietic viscera elaborate pure healthy blood, *sanguis moderator nervorum*, and while the liver and other emunctory glands promptly remove all products of waste or mal-assimilation, veritable poisons if unduly retained in the system. The medical treatment should be evacuant, sedative, and lastly, tonic, but by no means stimulant.

First in order I rank purgatives, especially where constipation exists with fetid perspiration or urine. The ancients sent their lunatics to Anticyra to be purged with hellebore, and attached great value to this mode of cure. We do not employ this plant, but cholagogue or aloëtic purgatives are most useful.

Secondly.—Exhibit chloral in bad cases of insomnia, both day and night, in milder ones at night only, preceding the dose by fluid magnesia, so as to make its action more certain. Sleep is produced, hyperæmia checked, and reconstruction of wasted nerve tissue resumed.

Thirdly.—Employ the sedative agency of hot baths, not by any means cold ones. It is soothing, not bracing, the nervous system wants. Mania is a sort of latent fever. Indeed, it often follows on fevers which have no crisis, like influenza. Warm baths produce a transient exaltation of the feverish state succeeded by a calm. They should be taken at bed-time. Turkish baths are excellent too if care be taken to pour enough of hot water on the head on entering the bath, and to avoid cold effusion on leaving it until the disease is nearly subdued.

Fourthly.—When the stomach and liver have been well acted on, and in the intervals of purgation, exhibit alkaline bitters, nitro-muriatic acid, or arsenic.

Fifthly.—Do not overfeed, but let the meals be light and frequent. Fish is not to be recommended, as it contains a large amount of phosphorus, which is found in excess in the brains of the insane. It flushes the face and determines blood to the head, like alcohol.

After the Medical treatment of insanity comes the moral treatment, the efficacy of which in a great measure depends upon the co-operation of the patient, which is to be solicited in incipient or mild cases. It is not to be counted on in acute or aggravated ones. Without any excessive thwarting, or opposition, they should be taught that a strict observance of the ten commandments, and "doing as they would be done by" is the most efficacious preventive of insanity. Let them cultivate forbearance and toleration, for they assuredly have much need of both, and bitterly resent criticism, although their eccentricities provoke it, or the mere withholding of sympathy which they do not court.

Secondly.—The patients should have full liberty to follow their bent or hobby, if not mischievous. A hobby is, indeed, a very useful safety-valve. As an Irish proverb says, "a man's will is his life." But where it clashes with right or duty self-abnegation is to be elected.

Thirdly.—Interesting occupation ought to be pursued. If useful also, so best. It ought not to be allowed to fatigue the patient, however, by too long continuance.

Fourthly.—The society of healthy minds should be cultivated, for nervous and morbid people are mutually intolerant of each other, and effectually hinder a cure. Change of air and scene generally include the foregoing. The children of those who have displayed any insane tendencies should be educated morally and physically so as to hinder the development of the disease, for though the skill of the ablest physician (valuable as it is to the individual patient) can but little affect the bills of mortality within the sphere of his practice, it is not so with the student of hygiene, who, if empowered to enforce the observance of the laws of health

upon communities, can count those that his science rescued from premature death, not by twos, or threes, or scores, but by hundreds and thousands. Prevention can do much, curative treatment comparatively little. Be not satisfied with absence of disease. "Disease is not *per se*, but means the incapacity of resistance of the diseased." It is but the explosion of long accumulating forces, forces which could gain no entry into mind or body were they filled with right and health.

The Muscular Sense.

Dr. M. BERNHARDT communicates in the *Archiv fur Psychiatrie*, iii Band, 3 Heft, some experiments which he has made to determine the existence of a muscular sense. On this point the views of Charles Bell have been denied by Schrœder, Spiess, Schiff and Leyden, who hold that the feeling we have of the posture of the limbs is not communicated through a property existing in the muscles, but of the parts covering and surrounding them, which are pressed or left relaxed by their contractions or relaxations. Muscular fibre itself seems very deficient in ordinary sensibility, nor is the perception which we have of the performance of certain motions destroyed by the loss of tactile sensibility caused by section or disease of the spinal nerves.

Johann Müller thought that the mind became conscious of the performance of a muscular exertion by noting the measure of the effort of volition necessary to bring it about. Physiologists are unwilling to admit that the anterior root of the spinal nerve should both conduct a stimulus to the muscles and convey in a centripetal direction the states resulting from that stimulus. Dr. Bernhardt having invented a simple apparatus resembling a little gallows with three pulleys, so that the weight should drop at one end, and the hand or foot of the person experimented upon should have the traction applied at the other, made a number of observations by which he found that one could distinguish weights even when the muscles were made to contract by the induced current, without any effort of the will.

It might, however, be said that the subject of the experiment could distinguish weights by the varying amount of pressure upon the skin, and Dr. Bernhardt found that this perception of pressure by the skin was a delicate one. In order to eliminate this disturbing condition to the isolation of the sought-for muscular sense, the author tried his experiments upon some patients suffering from spinal disease, in whom the sensibility of the skin was so much impaired that they had no perception, apart from vision, of the situation of their limbs, and were unconscious when they were moved by somebody else, and who did not feel the strongest induced currents which threw their muscles into energetic contractions. In two of these cases he found the capacity to distinguish weight well sustained.

Dr. Bernhardt's observations agree with those of Leyden and of Brown-Séquard, who states that in spinal diseases, where sensibility is impaired or destroyed, the muscular sense (Kraft Sinn) remains intact. The author states his opinion in the following terms:—"With Leyden, Bernstein, and Johann Müller, I hold that the sense of weight proper (Kraftsinn κατ' ἐξοχήν) is a function of the psyche, that force is conveyed by an exertion of volition through the nervous trunks distributed to the voluntary muscles, and that the sensorium is conscious of the amount of force given out, and how it is modified, in order to overcome resistance." The author confesses that the mind, in coming to a conclusion about the execution of voluntary motions, is much aided by the sensibility of the skin, fascia, and periosteum, as well as by the eye.

Consumption.

Dr. PIDOUX, Member of the Academy of Medicine, has written a book which has gained him a prize of 10,000 francs, and which is entitled "Etudes Générales et Pratiques sus la Phthisie." In this work he asserts that tubercle is a product analogous in structure with the elements of lymphatic glands, and arises at the expense of the connection tissue. Cheesy-like formations and tubercle are in his eyes pyoid products.

This author admits two varieties of phthisis in the dead house; but both of these, he thinks, arise from the same diathesis, and the true cause of phthisis resides in an alteration of the lymphatic apparatus. He also establishes a distinction between galloping and acute phthisis. Acute phthisis has a sudden onset, a certainly fatal prognosis, and is granular from the first, which is not the case with galloping consumption.

He considers that several morbid states once in possession of a patient are antagonistic to phthisis. Such are arthritis, herpetism, cancer, lead poisoning, alcoholism, and paludal intoxication, chlorosis, and hysteria.

He divides chronic disease into—1. Capital or initial disease; 2. Mixed; 3. Ultimate. Thus rheumatism, gout, scrofula, and syphilis are initial diseases; herpetism, is a mixed disease; and phthisis an ultimate disease.

Laënnec and Louis thought that hæmoptysis is an almost certain proof of tuberculization; Trousseau was not of this opinion. M. Pidoux takes the side of Laënnec and Louis.

M. Pidoux believes in the spontaneous cure of pulmonary tubercle. Remedies are without action on the tubercles themselves, he maintains, but act on the healthy tissues, sustaining and nourishing them.

Warm baths are recommended in the treatment of consumption by Dr. Souplet, of the Pitié Hôpital, Paris, contrary to an opinion generally accepted popularly that baths ought not to be used by persons affected with phthisis. Few physicians dare to advise baths in diseases of the lungs. The baths used at the Pitié were of simple water, and of a temperature of about 3° C. below that of

the patient, warm water being added from time to time. The duration of the baths used was from 20 to 45 minutes, and they were given perhaps every second day.

During the three first baths patients experienced a little feeling of oppression remaining for four or five minutes. In patients who coughed, the cough became calmer in a few minutes, and the expectoration easier, whilst the frequency of pulse and temperature were gradually lowered. The patient felt better on returning to bed; had more appetite, and sometimes a temperature 2° lower, whilst the pulse fell sometimes from 12 to 20 beats. Other phenomena were ameliorated, such as diminution of shivering attacks and night sweating, which was much diminished and even suppressed after the third or fourth bath. The cough was less frequent, sleep better, and diarrhœa diminished, and sometimes arrested. In the thesis of M. Souplet there are twelve observations, of which nine refer to phthisis, two to pleurisy, and two to pneumonia.

There was never observed in any of these cases any inconvenience which could be attributed to the use of the bath, and always real advantages accrued.

Researches on Pyæmia.

The *British Medical Journal* says:—Dr. Birch-Hirschfeld, on examining daily the pus coming from a wound, found that, with the ushering in of the first symptoms of pyæmia, the pus also showed a corresponding change, consisting in the presence of micrococci, either in pairs, strings, or colonies (the latter especially when pyæmia was far advanced or rapid in its course), and in an altered appearance of the pus-corpuscles, which were finely granular, of less definite outline and lustre, and which showed their nuclei very distinctly without the addition of any reagent.

The *blood* of such pyæmic patients contained similar micrococci, and its white corpuscles had undergone a change very similar to that of the pus-corpuscles. Sometimes the pus of a pyæmic patient would contain, besides these, a quantity of the *bacterium termo* or *bacterium lineola*, which are the common bacteria of most putrescent matter; while micrococcus is, according to Cohn, Klebs, and Hirschfeld, not to be considered the ferment of putrefaction.

Healthy pus coming from a healthy wound or from a simple abscess showed no micrococci and no altered pus-corpuscles, while putrescent pus (either after exposure to air or coming from an unhealthy or gangrenous wound) contained only the bacteria (termo, lineola, and bacillus) due to putrefaction.

The difference between pyæmic and putrescent pus was now further shown by inoculations on rabbits. Healthy pus, injected subcutaneously into a rabbit, gave rise only to a local abscess, without any further disturbances. Putrescent pus gave the symptoms of septicæmia, as described by Bergmann, Sanderson, and others; larger quantities only being fatal, and the fever appearing almost immediately after injection, showing the sepsis curve of Bergmann very well; while pus from a pyæmic patient, similarly introduced into a rabbit, gave rise to a different course of symptoms. The animal remained well for five or six days; and this period was followed by one of high and intermittent fever, diarrhœa, emaciation, and eventually and almost invariably by death from the sixteenth to the twenty-fourth day. Pus, blood, and the metastatic changes in such rabbits, showed again all the distinctive pyæmic properties described.

The importance of these researches, which not only show us the important part which the micrococci play in the production of pyæmia, but which also define pyæmia as quite distinct from septicæmia (in opposition to the researches of Tiegel, Klebs, and Eberth), is not to be underrated; but a repetition and further extension of them would be highly desirable. Dr. Birch-Hirschfeld examined the different morbid products without any further reagents.

The Treatment of Syphilitic Warts.

Dr. Proksch, as quoted by the London *Medical Record*, has abandoned in all cases the excision and cauterization of pedicled warts as needlessly painful. He ties them with soft and tolerably thick silk or cotton thread, tight enough to strangulate without cutting them. He takes especial care to place the ligature close to the root, but not to include any true skin. When the warts are short and stumpy, he draws the noose home, but, before tightening, pushes it down around the root by means of a pointed stick. When the warts are large or compound, he places a separate thread around the several portions, being careful never to include a large quantity of tissue in one ligature. If the warts be very soft, or secreting matter freely, he dresses them for a day or two with cold lotions, so as to check the irritation before the ligature is applied. If they be situated within a phimosis, he uses injection freely, and ligatures all the warts within reach, getting hold of deeper ones as the swelling subsides and the prepuce can be folded back, until all are removed.

Warts that are too flat and broad to be included in a ligature must be cauterized by chemical or actual caustics; but, where caustics are used, the greatest care must be taken to keep the surfaces quite clean and dry, lest they suppurate and troublesome abscesses form. Before applying caustic, the warts should also be carefully washed, and then dried by dabbing with cotton-wool. He recommends for soft succulent warts a weak solution of chloride of iron, or powdered alum and tannin; for hard dry warts he prefers strong nitric acid to all other agents. These applications, if used to only a limited amount, cause no irritation, and can be repeated every two or three days till the warts waste away.

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MODERN PSYCHOLOGY.

The progress of psychology within the last score of years, indeed, we may say, since the era of Hartley's classical work, has been marked by a decided tendency to rest more and more completely on a physiological basis. The old plan of diving within one's self, and on the strength of observations there made to erect a vast superstructure of metaphysic and ontology, has been, not entirely discarded, but condemned by all the really clear thinking minds of the age.

This by no means results, as some suppose, in doing away with all psychology and metaphysic. On the contrary, it merely places them on the stable basis of the inductive and verifiable sciences. Psychology is now identified with the study of the functions of the nervous system; we do not say that it is nothing more than this; but this far only is it to be considered a physical science; and whatever mental phenomena can be explained, either by demonstration or analogy, as the result of nervous action, should not be attributed to any other cause.

The reflex action of the spinal cord, for example, which is common to all vertebrate animals, and which continues in some even after decapitation, cannot possibly be attributed to any other source. But this action is in all respects identical with the reflex or automatic action of the cerebrum, by which we perform a thousand daily acts without directing to them volition or attention. Hence it is impossible to attribute these latter to any other than mere manifestations of nerve force.

But most, if not all these automatic cerebral movements were at first volitional, and brought about by directing the attention to the act to be performed. In other words, they were intelligent or reasoning acts, and became automatic through habit. Intelligence or reason, therefore, would seem to be evidenced only through the will. But according to modern psychologists the will itself is merely the expression of the strongest desire or emotion, and by no means an autonomy.

This circumscribes all mental effort in an endless chain of material necessity; and though this view, when fully explained, may not prove so very repellant, and if well supported ought to be adopted at least provisionally, nevertheless it fails of proof, and with it falls part of the superstructure of modern psychology. Especially that so brilliantly advocated by Herbert Spencer is deficient in this respect, and though supported by his able pleading in a way that imposes on most readers, his theories will not bear the tests which he applies to others.

The weakness of scientific psychology in this respect, and consequently its general failure to meet the requirements of the day, arises from its violation of what we most thoroughly believe, and from its inability to grasp or even to face the highest problems of life.

No fact of experience, no belief derived from observation, is so strong as the conviction that in certain respects we are free agents. No man ever lived who disputed this, but a metaphysician committed to the support of a theory; and even he acts con-

stantly on the contrary belief, and hence, by Professor Bain's own test, proves the truth of what he so strenuously denies.

Notes and Comments.

Corrigenda.

Current vol., p. 130, No. 8, read *shorter* instead of *stronger*. Also, same page, instead of 100 : 126, read 100 : 26.

Chloroform in Heart Disease.

Dr. J. W. Poole has recently discussed whether the presence of heart-disease, even when strongly marked, is necessarily a contra-indication to the administration of an anæsthetic. He believes that it is not. He has searched all the authorities at his disposal on this point, but does not find anything very definite on the subject. Without citing any of them, however, he says that most of those who take notice of it at all agree with the opinion he had expressed. If any anæsthetic be administered, which should it be, chloroform or ether? He answers, chloroform, for the following reasons. It is more quickly administered, and more manageable; it requires less to be given; it produces a less violent and protracted stage of excitement. He has seen chloroform administered for the dyspnœa of heart-disease, both by the stomach and by inhalation, with decided benefit, and without the least bad effect.

Delpech's Rules for Tenotomy.

The eminent Surgeon, Delpech, of Montpellier, laid down the following rules for tenotomy of the tendo achillis:—

1st. The tendon to be divided must not be laid bare; its section must be done by a *detour*, and not by an incision through the skin parallel with that in the tendon. Without taking this precaution the dangers of exfoliation would be incurred.

2d. Immediately after the section of the tendon its ends should be placed in mutual contact, and they should be maintained in that position by a suitable apparatus all the time necessary for their reunion.

3d. Reunion can only take place by means of an intermediate fibrous substance (*tissu inodulaire*), which, before its solidification, can, and ought to be submitted to the gradual and careful extension that shall give it the length required to make up the shortness of the muscle.

4th. When this amount of extension has been gained, the parts are to be immovably fixed in the attitude thus established, and are to be thus confined until the new substance has acquired its full solidity.

Liquor Picis Alkalinus.

The following preparation is that of the late Dr. H. D. Bulkley, of New York, who proposed it to fill the place of a secret French preparation of tar:—

R. Picis liquidæ, ʒij.;
Potassæ causticæ, ʒj.;
Aquæ, ʒv. m. ft. sol.

This mixes with water in all proportions, and discolors the skin to a very moderate extent. It dries rapidly and leaves very little stickiness. He has used it in all degrees of strength, and regards it as one of the best methods of employing tar. The potash heightens the anti-pruritic effect of the tar. The solution he has employed with advantuge in eczema, both in its chronic stage with thickenings, and in the more acute forms, where exudation has about or nearly ceased and the itching is intense. In chronic cases with infiltration, it may be used in full strength. Good success has followed its use in lupus erythematosus and psoriasis.

The Administration of Perchloride of Iron.

Dr. H. L. Snow remarks that delicate patients very frequently object to the astringent metallic taste long remaining in the mouth after the administration of tincture of perchloride of iron, the flavor of which is but very imperfectly disguised by the syrup or spiritus chloroformi with which it is usually ordered. It may not, perhaps, be too insignificant a matter for mention, that the substitution of a small quantity of glycerine (about half-an-ounce to an eight-ounce mixture) will altogether obviate this inconvenience.

Syrup of the Bromide of Iron.

Take of bromine three troy ounces; iron (in the form of wire) 350 grains; distilled water, three fluid ounces; citrate of potash, six troy ounces or q. s.; syrup, a sufficient quantity. Put the iron, with the distilled water, in a flask, and add of the bromine two troy ounces in small portions at a time, allowing the mixture to cool, if necessary, before the addition of each fresh portion.

When the odor of bromine has disappeared, warm the mixture gently, until it assumes a green color; filter and add the remainder of the bromine. Transfer the resulting solution of ferric bromide to a porcelain mortar, and add gradually, with constant trituration, citrate of potash, until the color of the mixture changes from brown to green; finally, add simple syrup to make up thirty fluid ounces. The syrup thus prepared corresponds nearly in strength with the syrup of the iodide of iron, and may be administered in doses from twenty to thirty drops. It is elegant in appearance, not disagreeable in taste, and is not incompatible with alkalies or with tannic acid.

The Nature of Fever.

In a German Exchange, Dr. HUTER attributes the increased temperature in fever, not to augmented production, but to a diminished loss of heat, and he attributes the phenomena of fever to blocking up of a number of the smallest vessels in the general circulation, including the pulmonary. In his opinion, therefore, fever does not necessarily depend on chemical poisoning of the blood, but may be explained by mechanical disturbance of the circulation. He also believes that the enlargements of the liver, spleen, and kidneys in fevers are due to disturbance of the circulation through the obstruction caused by monads.

The Poison of Cholera.

Drs. LEWIS and CUNNINGHAM, in their researches on this topic, say: "One of the most important points determined by these observations is the fact that the blood in cholera is, as an almost invariable rule, free from bacteria, either actual or potential." They say, also, that there is absolutely nothing in favor of the view that the presence of fungus-germs is a characteristic of the disease; and, with regard to the presence of sarcinæ in the blood, they own that they are by no means constant. These observations, therefore, "do not tend to indicate the presence of a microscopically demonstrable morbid poison."

The Restoration of Chloroform Injured by Age.

Where changes are induced in chloroform by time, light, moisture or atmospheric pressure, E. B. SHUTTLEWORTH is of opinion (*Canadian Pharm. Journ.* vol. vi, p. 345) that by far the most injurious products of decomposition are chlorine and hydrochloric acid. These products may often be found in an aqueous layer floating on the top of imperfectly rectified chloroform which has been kept some time. The incomplete removal of sulphuric acid which has been used in rectification, also leads to the same change. For the restoration of chloroform that has thus become spoiled, he recommends that it be shaken with a dilute solution of hyposulphite of soda. It should then be separated from the supernatant liquid and again washed; this time with pure water. After being separated, the chloroform should be passed through filtering paper to rid it from traces of moisture, when it will be found much improved and comparatively sweet.

Presence of Albumen and Sugar in the Urine due to Pressure on the Pons Varolii.

M. LIONVILLE showed, at the Biological Society of Paris, the brain, etc., of a man, whose history was as follows:—

Though previously apparently in good health, he fell suddenly, struck down by an apoplectic attack. The collapse was nearly complete; he lay on the back, and he spoke indistinctly a few words; the respiration stertorous; dilated and non-contractile pupils; extreme heat of the face, while the lower limbs were very cold. The bladder was distended and paralyzed; the catheter drew off a quantity of urine, which contained albumen and sugar abundantly. He sank the same day, and on autopsy, an extravasation was found at the floor of the fourth ventricle, just at the point where experimental injury proves the same conditions are developed.

Is Phosphorus Thought?

There appears still to be much difference of opinion among chemists about the changes which occur in the secretion of the kidneys after waste of nerve tissue. For example, Dr. L. Hodges Wood, as the result of his observations published in 1869, denies the correctness of the generally received statement that the amount of phosphates in the urine is increased by fatiguing mental exercise. He found that while the alkaline phosphates were slightly increased the earthy phosphates were notably diminished after mental work, and that when the mind was not much employed the excretion of earthy

phosphates was increased instead of diminished. He accounts for this by the hypothesis that when the brain was worked it withdrew more phosphorus from the circulating fluid.

Histology of the Gray Substance.

Dr. Boll affirms that the stellate cells, described by Kolliker, in the interstices of the nerve-fibres of the spinal cord have no real existence. He describes the substance which makes up the main bulk of the gray matter of the brain and cerebellum, as a collection of granules grouped together, or holding by one another in a highly characteristic manner, which he compares to the arrangement of crystals of hoar-frost. This arrangement allows the gray substance of the brain to be easily distinguished from a portion of granular protoplasma, such as that taken from the cells of the tradescantia or from pus-corpuscles.

Inferior Brains.

Recent anatomical researches show that in the anthropoid apes the island of Reil is always covered, and this is also the case with some microcephalic brains which have been already described by other observers. It may be here noticed that the great difference between microcephales and the brains of higher apes is that the temporo-sphenoidal convolutions are the first to appear in the ape, whereas in the microcephalic idiot, as in the normal human brain, it is the frontal lobe which is the first to appear, and the temporo-sphenoidal are the last.

Nephalism.

This word, derived from a Greek word signifying "sober,' was brought into public use by the late Professor Miller, of Edinburg, several years ago. It is now adopted as a title for the 'temperance movement' in France, and we learn from the *Gazette Hebdomadaire*, of June 27, that M. Merille de Colleville, continental representative of the *Ligue Nephalienne Brittannique*, gave "very interesting and highly encouraging reports of the progress of nephalism in England," to a public meeting of the nephalic league in France.

Antidote to Mushroom Poisoning.

Experiments lately made with the active principle of mushroom (muscarine), pure agaricus muscarius, show that its effect on the system is the reverse of that of atropine. It causes a great sensibility to light and increase of the pulse, and seems in its action to promise the best remedy for belladonna poisoning, and *vice versa*. Its subcutaneous injection was used.

News and Miscellany.

Mr. Gladstone on the Doctors.

Mr. Gladstone was a guest at the recent dinner of the British Medical Association. In acknowledging the compliment of a toast to "Her Majesty's Ministers," Mr. Gladstone paid a high, but not undeserved tribute to the medical profession. He said that but for the care and watchfulness of a succession of able physicians it would have been impossible for him to have gone through the fatigues of political life. "It is," he proceeded, "among the mournful and noble distinctions of your illustrious profession that, although its members may not receive that acknowledgment which awaits the soldier when he falls on the battle-field, yet they are to be found in countless numbers among the truest martyrs in the cause of humanity." He complimented the practitioners of the medical art on their high claims to consideration for their promotion of beneficial sanitary legislation. He said that medical knowledge has advanced in recent years in a degree which is not, perhaps, paralleled in any other profession. There is at the present day "a greater and more sustained earnestness of purpose, and a more general exaltation of the aims of medical men."

Mr. Gladstone said in conclusion: "This age is distinguished by an unbounded activity in all the sciences of observation. Of all those sciences yours is the noblest. It is given to you to study the relations between the wonderful body and the still more wonderful soul and mind of man. You tread that border land in which the two come in contact. It is very easy to describe the post-office or the railway system, but you have to deal with a thing far more subtle when you attempt to grasp human nature as a whole. Human progress is not to be described by formularies. It is only by the most patient observation that a sound and comprehensive knowledge on such a subject can be acquired. To you it belongs to seize the great opportunities and to accept the great responsibilities which attach to the profession of which you are members, and to show yourselves worthy of the great vocation with which you are entrusted."

Typhoid Fever in London.

The London *Medical Record*, of Aug. 9, says:—"The outbreak of typhoid fever, to which attention has this week been drawn in Mayfair and Marylebone, is one of the most remarkable and severe outbreaks with

which we are acquainted. A great number of families have been attacked, and eminent medical men have largely suffered. We are acquainted thus far with about 165 cases in forty-seven families. The cause of this severe epidemic seemed at first very mysterious; but a clue has been suggested. The consideration of the character of two outbreaks in his nursery led Dr. Murchison to suspect his milk supply as being the vehicle of the poison. The suspicion once started, the source of milk supply in the forty-three families reported by medical men as suffering from invasions of typhoid was investigated, and it was found that, although living in different parts of the town, forty out of the forty-three families were supplied from the same dairy. We have said that circumstances point very strongly to the milk supply being the source of the poison; and so much is this the case that Sir William Jenner and Dr. Murchison, who have been called to see a number of the patients, have thought it their duty to represent the urgent nature of the emergency to the vendors of the milk, and to advise them to suspend their trade. A joint committee of inquirers proceeded, on Monday evening, to the farms whence the supply is drawn, in order to investigate the possibilities of foreign sources of infection to the milk at these farms."

Selling of Liquor by Druggists.

We are glad to see that this frequent outrage on propriety is receiving legal notice. President Judge John Dean, of the Twenty-fourth Judicial District, composed of Huntingdon, Blair and Cambria counties, in sentencing several druggists of Tyrone, indicted and convicted of selling liquor without a license, remarked: "Druggists are authorized to sell liquor for medical purposes, subject, however, to the risk of indictment. A physician's prescription is not of itself a safeguard for the druggist. If the latter, even on the prescription of a regular physician, sells liquor to persons of known intemperate habits, or to those who are known to use liquor as a beverage, he is liable to indictment, and if found guilty will be punished to the extent of the law. In short, in the opinion of the Court, a druggist who sells liquor for any purpose whatever, or upon the prescription of the most eminent physician in the country, does so at his own risk."

The Action of Cold Water on the Spleen.

Dr. Mosler is of opinion, from a number of experiments and clinical observations, that cold water applied to the skin of the abdomen causes contraction of the spleen, and hence this agent may be made use of in ague. In this respect, however, cold water presents no advantages over quinine, and when strenuously carried out it presents considerable disadvantages, such as chilling of the body, etc. In both recent and old cases of intermittent fever, the author would combine cold water in the form of baths, the cold douche, or the ice bladder, with the simultaneous use of quinine, and this combination is better than either separately. In chronic enlargements of the spleen (such as exists in leucæmia and pseudo-leucæmia) a similar treatment is also followed with good results. In these cases, however, the author recommends that chinodin should be substituted for quinine, as its effects are equally good, and this drug is much cheaper. This may be a serious consideration where, as in the case of leucæmia, the treatment may extend over a long period.

The Excessive Use of "Bitter," Absinthe, etc.

Dr. Decaisne has recently made inquiry into the effect of the excessive use of vermouth, absinthe and "bitter," and more particularly observed the effect of "bitter" on twenty-one males and one female, who were addicted to its excessive use.

He found that "bitter" was manufactured from certain bitter and aromatic herbs, just as absinthe and vermouth, and believes that the spirit used, being derived from beet-root, potato, and grain, probably causes a more marked action on the nervous system than higher class alcohol. The conclusion is arrived at, that the excessive use of "bitter," absinthe, vermouth, grand chartreuse, and sophisticated white wines, tends to cause epileptic seizures, and that absinthe and vermouth ought to be excluded from general consumption.

—The Scandinavian Naturalists held their Eleventh Convention in Copenhagen on July 3d. This society was formed in 1839, and consists of men of science from Denmark, Sweden and Norway, who meet in Convention alternately at Copenhagen, Stockholm, or Gothenberg and Christiania. In the Convention just held, there were 412 members, of whom 290 are Danes, 79 Swedes, 40 Norwegians, and 3 Finns. The Convention was divided into ten sections, to wit: physical and mathematical, chemical, mineralogical, botanical, zoological, medical, anatomical and physiological, public health, ethnological and engineering.

MARRIAGES.

GRANGER—BUTLER.—In Essex, Vt., Aug. 13th, by Rev. H. E. Butler, of Keeseville, N. Y., Frank Clark Granger, of Belmont, Nye County, Nevada, formerly of Randolph, Vt., and Miss Mary Alice Butler, daughter of Dr. L. C. Butler, of Essex.

NELSON—RUBE.—In New York City, Aug. 13th, by Rev. W. Ormiston, D. D., Charles Eugene Nelson, M. D., and Julia, second daughter of William G. Rube, Esq., all of New York City.

DEATHS.

ANDERSON.—Suddenly at Annapolis, Md., Aug. 22, Mrs. Louisa Anderson, wife of Dr. W. C. Anderson, of Stapleton, Staten Island.

COULTER—At Centreville, Butler County, Pa., George Webster Coulter, M. D., in the 43d year of his age.

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At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has *equal* tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

The cut below gives the size of the ounce phial, and the form of putting up.

Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M.D. *Fall River, Mass.*

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The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. COONS, M.D., *Madison, Ind.*

I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. *Wapping Falls, New York.*

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M. D., *Indianapolis, Ind.*

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M. D., *Lincoln, Ill.*

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MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

A LARGE OVARIAN TUMOR.

BY DR. LEWIS A. PADDOCK,
Of Norwich, Conn.

Mrs. B., a widow, aged 45, a hard-working housekeeper, of steady habits, first came under my professional care during August, 1863. At that time a fibrous tumor of the uterus was diagnosed, which the patient informed me had been in existence many years, and had been once treated by Dr. B. F. Barker (now Professor) several years previous to this date. She was seen occasionally during 1863–64, and again during July, August and September, 1867. During 1868–69 I also made occasional visits.

I cannot recall the exact character of her complaints during these many years, but recollect well a troublesome cough and diseased throat, also indigestion and neuralgia, as part of the demand for medical services. I think it was during 1869 that she was greatly troubled with uterine hemorrhage. The removal of a small polypus projecting from the os uteri effectually and permanently controlled this. There was an interval now of three years in my attendance. It was during this time that an alarming hœmatemesis occurred, for which another physician was called and continued in attendance till her convalescence. Subsequent to this she suffered from general debility for a long time, but at last regained fair health.

During April, 1872, I was again called to this case, and have attended constantly since. I cannot tell when this last disease began; but at this date (1872) the distention of the abdomen had become so great as to be a cause of constant annoyance and suffering. She complained of difficulty in evacuating the bowels and scanty secretion of urine. Nausea and pyrosis added greatly to her sufferings, and she received hardly sufficient nourishment for the maintenance of life. Percussion of the abdomen gave a dull flat sound on the right side, from the pelvis to the liver, indicating the presence of some solid body. Near the left groin, and extending obliquely upward, was another small space of dullness. The remainder of the abdomen was filled with fluctuating fluid. As she gained nothing by treatment, and her condition became worse, tapping was proposed; but the proposition was not received favorably, and her condition remained with but little change till the night of June 20th, 1872, when she was taken suddenly with expectoration of a frothy greenish fluid, which continued very freely several hours, adding to the general prostration. Regarding the case as almost hopeless at this date, unless temporary relief could be afforded by paracentesis, and doubting her ability to endure even this, I asked for counsel. Two of our best physicians meeting with me regarded the patient too near her end, and in no condition for an operation; a palliative treatment was continued. Her sufferings increasing, and it being evident that life could not continue as it was, on July 26th, 1872, I ventured the first tapping. Only a small quantity of fluid escaped (probably not over two quarts), yet it afforded some relief. I repeated the operation August 5th, with the same results. For these operations I had selected as near the

usual place as the solid would permit, but evidently punctured very small sacs. I operated again August 14th, selecting at this time and afterwards any convenient spot to the left of the median line, and generally above the umbilicus. This operation afforded the discharge of about thirty pints of straw-colored fluid. I could now trace very distinctly the outlines of some large solid body on the right, while deep in the abdomen the enlarged uterus could be felt. The operation afforded great relief, and the patient soon became able to walk into an adjoining room, and was shortly after removed to her own house, more than a mile distant. Necessity for relief demanded similar operations on October 17th, 1872, January 19th, 1873, March 31st, May 12th, June 13th, July 11th, and July 18th, which was the last. Although in some of the operations the patient suffered from faintness, yet she generally rallied well, and her life was rendered much more comfortable. The quantity of fluid withdrawn at these different dates varied from two and a half to three and a half gallons. On one occasion the fluid was very thick, so as to pass very slowly through the instrument, and the quantity evacuated was small. The aggregate amount withdrawn at these ten operations would probably be about one barrel. During the last two weeks of her life Mrs. B. suffered from dysentery. She died on the morning of August 15th, aged 55 years.

Post-mortem examination, assisted by Dr. C., of this city, six hours after death. Great emaciation of the body, and enormous abdominal distention. Dullness on percussion of the entire right side, extending about two inches beyond the umbilicus. In the left pelvic region dullness over a space six inches or more in diameter. Fluctuation very perceptible in every other part as high as the ribs.

Upon abdominal section we found a sac of fluid occupying the entire abdomen and pressing the diaphragm some distance above the nipple on each side. This was free from peritoneal adhesion, the attachment of the sac being at the left ovary. Having ligated this and freeing it at this point, the entire mass was removed unbroken. Leaving this for a few moments in a medium-size wash-tub, into which it had been carefully rolled, we examined the remaining organs.

In the left pelvic region lay the uterus, about the size and form of an ordinary quart cup. This we also removed. The cervix presented a normal appearance; the cavity and walls of the uterus were filled with fibrous tumors. Having removed the five largest of these we found their aggregate weight to be one and three-fourths pounds. We distinctly felt and counted fourteen of various sizes remaining in the uterine walls. The right ovary contained two small cysts with about a drachm of fluid. The right kidney was about twice the normal size and much diseased; the left normal, except somewhat congested. The liver was pale, resembling a fatty liver. By the great upward pressure the functions of the heart and lungs had been much embarrassed during life. Both lungs showed pleuritic adhesions, not very firm; the right cavities of the heart were dilated, but no apparent valvular disease.

Returning now to the ovarian tumor, we found the weight of the tub and its contents to be sixty-four pounds; deducting eight pounds (the weight of the tub) we learn that our poor suffering patient had carried a burden of fifty-six pounds, and probably the same for more than one year, except when temporarily relieved by tapping. The external appearance of this sac was very peculiar. There was a plainly marked, nearly vertical septum dividing it, on the left of which was a sac of thin walls containing about three gallons of fluid; while on the right the walls were thick and firm, making an elastic solid. Above this apparently solid mass, but all enclosed in one and the same membrane, was another sac of fluid containing about a gallon. Upon opening the semi-solid we found an innumerable number of cysts of all sizes, and varying greatly in the character of their contents. In some the fluid was of a claret color; in another like pus in appearance and consistence; others furnished shreds of coagulated lymph. We punctured this mass, and discharged the greater part of the fluid, after which the weight of the sac was eight pounds.

In reviewing this interesting case, and with the knowledge revealed by the autopsy, the question may arise, why was not this case relieved by ovariotomy? In the opinion of two of our best physicians of this city, and of Dr. A. Hallett, of Brooklyn, L. I., each of whom saw the patient with me, no operation was practicable. All agreed as to the diseased ovary and uterus; but the

marked dullness, together with the fluctuation, and the former not being changed by the evacuation of the fluid, rendered the diagnosis of the disease doubtful. At the time of the consultation, more than a year ago, we endeavored to introduce a speculum and a sound, but were unsuccessful; and a digital examination failed to give us any information, as the vagina was constricted and the cervix entirely beyond reach. Our best and only course seemed to be palliative, and to smooth the patient's pathway to the grave.

CARBUNCLE.

BY DR. J. R. LOCKHART,
Of Freedom, Pa.

Sunday, Jan. 14, 1872, was called to Mr. G——, aged 56 years, large and muscular, who had been much addicted to the use of intoxicating drinks. I found him suffering intense pain from a carbuncle situated on the back of his head and neck, containing five or six cells or openings, the redness and swelling extending from one mastoid process to the other, and from the fifth cervical vertebra to the occiput. His tongue presented a heavy, brown coating; pulse much accelerated, full and strong; pain in top of his head; burning in his feet, and an insatiate thirst. I at once made free incisions with the knife beyond the limits, and to the depth of the cells, applied caustic potash in the incisions, and covered the whole surface with a poultice of linseed meal, and ordered internally—

℞.—Tinct. ferri chl., ℥j.
Quinia sul., ℈ij. M.
Sig. 20 drops three times per day.

℞.—Sweet spt. nitre, ℥ij.
Tinct. verat. viride, ℥ss. M.
Sig. One teaspoonful every three hours.

℞.—Mass hydr. pulv., gr. xxv.
Sig. At bedtime.

℞.—Hydrate chloral, ℈jss.
Sig. At night, to relieve intense pain.

15th. Rested but little. Carbuncle still spreading; applied caustic freely; ordered castor oil.

16th. Expresses himself as feeling miserable. Pulse 105. Oil produced free dejections from bowels of dark, fœtid fæces.

17th. Suffering with profuse diarrhœa, very fœtid and acrid. Refuses to eat; carbuncle still spreading; has much general fever; pulse 115. Ordered castor oil. Desires buttermilk, which was allowed, ad lib.

18th. Made incisions and applied caustic. Is free from diarrhœa. Discontinued the nitre mixture.

19th. Ordered the poultice to be mixed with a solution of carbolic acid and soda sulphate. Carbuncle still spreading.

21st. Pain in top of head very severe; much œdema of forehead and eyelids. Applied camphor.

22d. Passed a sleepless night. Hiccough set in about 2 o'clock. Is nervous and restless. Applied caustic to carbuncle, which is still spreading. Substituted Dover's pulv. for chloral. Pulse 120, losing force.

23d. Swelling on forehead much reduced. Complains of pain in feet and limbs. Hiccough still continues.

24th. Patient very weak and nervous; says he cannot hold out much longer. Ordered wine and beef tea.

25th. Carbuncle spreading very slow; edema of face has almost disappeared; hiccough ceased during the night. Refuses to take wine. Ordered spts. ammon. arom., gtts. xx., every 4 hours.

28th. Still spreading. While removing dead flesh with the knife, patient was seized with a severe nervous chill.

31st. Carbuncle now extends from one mastoid process to the other, and from the fifth cervical vertebra to one-half inch above the occiput, measuring ten by five and a half inches.

I have now circumscribed the entire carbuncle with the knife, and removed the dead flesh, leaving a bed of white, tough matter beneath which the poultice will not remove. Patient's feet and lower limbs much swollen and very painful.

Feb. 4th. Limbs and feet still swelling; exhausted and disheartened; has no hopes of recovery. Increased the ammo., and, to remove the tough bed of matter, I applied a salve recommended by Dr. Binkerd (in your excellent JOURNAL) for burns, which acted like magic, causing it to clean off, and present a healthy appearance.

6th. Patient very weak; pulse scarcely perceptible at wrist; ointment produces a copious flow of matter. Now give ammo. in half teaspoonful doses.

7th. Patient very weak, with ugly mucus rattling in throat. Ordered ammo. every two hours; increased beef tea.

8th. Rested some during night; is very

stupid; will not converse at all. Throat is clear; sore is cleaning off on the lower side. Patient has, to this date, drank thirteen gallons of buttermilk.

9th. Carbuncle cleaning off. Patient slept some during night. Slight improvement in general symptoms.

10th. Slept well during night; says he feels much better. Carbuncle cleaning off rapidly. Takes some nourishment. Ordered ammo. every 4 hours. Limbs still swollen and painful.

11th. Patient feels quite comfortable. Lower side of sore shows signs of healing; general symptoms very favorable. Discontinued the ammo.; continued iron and quinia, buttermilk and good nourishment. From this date, four weeks after first seeing patient, he continued to improve until entirely well, which was about two months and a half. His feet and ankles were the last to fully recover. The sore healed with but little scar or disfigurement, the hair growing as heavy as previous to the disease. At this date he writes me he weighs more and feels better than for many years. It produced a complete renovation of his entire system.

My external treatment consisted of free incisions with the knife, and the application of caustic potash as the disease spread, with poultices of linseed meal until the disease was in check. Internally, iron and quinia through the whole disease. Spt. nitre, dul. with tinct. verat., at the onset of the disease, to allay fever and thirst. Hydrate chlo. and Dover's pulv., to relieve pain. Spt. ammo. arom., when his vital powers were exhausted; and, I must not omit the buttermilk, for, to use his own words, "the buttermilk is the only thing which does not go back on me." He drank it every day for four weeks and a half, to the amount, in all, of not less than sixteen gallons. It quenched his thirst and relieved cardialgia, which affection was very troublesome in the first stage of his disease.

I consider the case one of more than ordinary interest, from the size, situation, and extent of the disease, his very intemperate habits of life, and the dangerous symptoms through which he passed, pain in top of head and eyes, edema of head and face, hiccough for three days and nights with but little intermission, mucous rattling in his throat, which his friends called the death rattle (and well they might be deceived, for he had not strength to clear the throat of secretions), extreme swelling and pain in the feet and lower limbs. The case was of great interest to me, as I never before or since saw anything to compare with it, and I think but few have, for which reason I give a true history of the case, with treatment.

RUPTURE AND SECTION OF THE RECTUS MUSCLE.

From a Paper presented to the Medical Society of the State of New York,

BY C. A. ROBERTSON, M. D.,

Member of the American Ophthalmological Society, Ophthalmic and Aural Surgeon at St. Peter's Hospital, Albany, and at the Troy Hospital.

Case 1.—A man called at my office, and said, "I had a fight with a fellow last night, and I believe I have knocked his eye out. Come and see him." Upon visiting the patient I found him suffering from a severe contusion. The lids of the right eye were swollen tense and engorged with ecchymosed blood. The lower lid was torn away at the inner canthus by a laceration extending half an inch downwardly and outwardly. It was impossible to make an examination of the eye, and nothing but a sanguineous chemosis could be detected. Warm anodyne applications and briony poultices were employed in the treatment, and when the inflammation had abated, the edges of the lacerated wound were freshened, and the lid, brought exactly *in situ* by a fine probe passed along through the portions of the canaliculus which had been torn across, was retained in place by sutures until adhesion was secured. The canaliculus was subsequently slit up to the lachrymal caruncle.

The most interesting feature of the case was disclosed when subsidence of the swelling permitted a satisfactory examination of the eye. A red protuberance then presented itself to view, occupying the place of insertion of the superior rectus muscle. As there was inability to turn the eye upward concomitantly with its fellow, it seemed probable that great violence had been done to the superior rectus, and that the tumor observed was a segment of the ruptured muscle lying under the distensible conjunctiva. Notwithstanding the great force which must have been expended upon the eye to produce such severe results, it is remarkable

that no impairment of vision was found to exist, either when the eye was first opened, or subsequently, upon trial with test type. After his recovery, however, the patient complained very much of the annoyance caused by double vision, or diplopia.

His avocation required him frequently to make change of money. In looking down at proffered payments, he saw two sums of money with equal distinctness, one above the level of the other, and until he acquired the habit of closing the injured eye, he invariably made the mistake of reaching for the upper, and finding nothing. He drew my attention to his boots, which, although nearly new, were worn off excessively from the back of the heels. The apparent elevation of the ground, in consequence of the abnormal deviation of the eye downwards, deceived him, and made him suppose he had reached *terra firma* when he had not, and the foot would drop like a dead weight through the space between where the ground seemed to be and where it really was, and, striking heavily on the heel, the boot was worn off behind in the peculiar way noted above.

After long considering my advice to him to submit to an operation for bringing forward the upper rectus muscle and effecting a new insertion of its extremity on the globe, he appointed a time for the operation; but another casualty happened to him causing paraplegia, and followed in a few days by death.

The operation for bringing forward the rectus muscle has been described by various writers, but I believe they all discourse of the internal rectus. The operation has been specially devised for correcting divergent strabismus, ensuing after division of the internal rectus, in order to cure convergent squint. No better method has been described than that proposed by Dr. Agnew, President of this Society, of which the following case is mainly an exemplification.

Case. 2.—C. H., aged 33, underwent an operation for convergent strabismus at the hands of a person who had importuned him to have his eyes straightened. The result of the operation was a serious divergent squint of four lines, and a very troublesome crossed diplopia. After shrinking from further surgical interference for more than a year since he first consulted me, he determined, two weeks ago, to try and get rid of a deformity which was more unsightly than that for which he had suffered an operation, and also be freed, if possible, from his annoying double vision.

The patient was put fully under the influence of ether, the lids held well apart by a wire stop-speculum, and a horizontal incision made with scissors through the conjunctiva along the median line of the internal rectus muscle. The muscle was then caught up by passing below it a strabismus hook with an eyelet carrying a ligature. The muscle having been ligated, provisional sutures were introduced through the upper and lower borders of the rectus near the ligature, and then the ligated extremity of the muscle was amputated. The tendon of the external rectus was next divided, and while an assistant drew the eye inward with fixation forceps applied to the stump of the internal rectus, the needles carrying the provisional sutures were passed under the conjunctiva, one above and the other below the cornea, and, being tied, fixed the spread-out rectus muscle, previously separated freely from over and under it, so as to secure a slight degree of internal strabismus. For a time after healing, the result seemed entirely satisfactory, both in correcting the squint and banishing the diplopia. An opportunity occurs several weeks later to state, before these pages are committed to the press, that now a very slight divergent cast of the eye exists, but the improvement from the operation has been so signal that the patient intends to have the internal rectus of the other eye, which had also been severed at the original operation, brought forward.

EMBALMING.

BY DR. J. M. HALL,
Of Fayetteville, Ohio.

Mr. J——, a very wealthy citizen of this vicinity, died two weeks since. A few days prior to his demise, he requested that his body should be embalmed and placed in a vault near his late residence. Suffice it to say that his wish is being as speedily complied with as possible, and ere long Mr. J—— will be as "bread cast on water," to be "seen many days hence." In looking over some old medical files, I see some facts concerning the preservation of the dead body, which, if made a note of, might interest some one of your numerous readers. The origin of embalming belongs, no doubt, to

the earliest ages, but for its history we must confine ourselves to those traditions which have been handed down to us in connection with the discovery of monuments which have resisted the destructive effects of time. Among the nations of Asia and Africa embalming appears to have been a general custom. The Egyptians particularly, who have left such numerous traces of ancient splendor, seemed to have wished to perpetuate themselves even in death, in strewing upon their soil mummies as indestructible as the superb monuments which concealed them. Historians and antiquarians still conjecture on the motive which led these people to preserve the dead with so much care. Some attribute it to the belief that the soul, after escaping from the body, wandered about for three thousand years, to re-enter it, and that, therefore, the destruction of the former would compel it to pass into the body of some beast. The more rational believe the practice to have arisen in connection with the principles of hygiene, a branch of medicine the Egyptians cultivated with so much success. For in those hot regions, whose only source of fertility was the overflowing of the Nile, the decomposition of bodies deposited in the earth would soon destroy the purity of the air, and spread among the population the seed of the most virulent disease. The various modes of embalming might be reduced to the following operations:—

1st. Remove from the body all fatty matters and mucous portions by the prolonged action of soda.

2d. To wash the body well and dry it in the air or in a stove.

3d. Preserve it by employing bitumen, balsams, resins, and salts.

4th. Surround the body with strips of cloth, smeared with gum. The rich used myrrh, aloes, camella, and cassia; the poor, cedar and bitumen of Judea. The duration of embalming varied from forty to seventy days, depending much on the drying of the bodies. The Indian mummies, exhibited at the Garden of Plants, appear to have undergone a similar preparation to those of Egypt.

After embalming, the bodies were sewed up in the skins of goats, and deposited in catacombs. The Egyptians, inhabiting a country richer in gum than the rest of the globe, were accustomed to inclose their bodies in a molten mass of this transparent matter, while the Scythians and Persians covered them with an envelope of wax. Pliny speaks of the antiseptic properties of honey, and it is said that Alexander the Great was rubbed (after death) with honey before burial. The Jewish custom was, after perfuming the corpse, to surround the body in the coffin with myrrh, aloes, and other aromatics. St. John tells us that Nicodemus brought one hundred pounds of myrrh and aloes to embalm the body of Christ, the object being to prevent putrefaction, which property these aromatic substances possess in a high degree. In the middle ages the art of embalming consisted in mixing aromatic substances with salt, with which the bodies were filled. Henry I, of England, was thus embalmed, in 1135. Long incisions were made in various parts of the body, filled with this composition, then sewed up, the body then being enveloped in a beef's skin and inclosed in a coffin. The employment of salt for the preservation of the bodies of kings is well known in history, the sellers of salt claiming as their right to assist at the royal funerals, and bear the bodies of the kings.

(To be Continued.)

Editorial Department.

Periscope.

The Brain in Mental Disease.

Dr. Gairdner, in a recent address reported in the *Journal of Mental Science*, says:—

In one sense it may be assumed as indefinitely probable that structural changes *always accompany*, even if they do not *always cause*, insanity. For it is as nearly certain as any profound, almost transcendental truth can be, that function and structure, however associated in their essences, cannot be separated in their pathology any more than in their physiology. As we have reason to know that *every functional change whatever*, the contraction of a single

muscular fibre, the secretion of a single drop of urine, and in like manner the functional activity of every nerve-ganglion or nerve-conductor, *involves a certain change in the structure of the parts thus actively engaged*, it does not seem too much to infer that thought, sensation, emotion, will, are in like manner accompanied by structural changes in the organ through which they are manifested; and this without the slightest prejudice as to any ultimate theory of mind, and the mode of its association with the bodily organ. It seems, from this point of view, extremely probable, if not demonstrably certain, that no case of mental derangement is unaccompanied by changes (probably exquisitely and infinitesimally minute in some cases) either in the structure or in the chemistry of the brain and nerves. And perhaps it may seem, from the practical point of view, idle to discuss the question whether, in apparent derangements of the mind, it is the mind first, or the body first, that is disordered. In many, or most cases, indeed, we cannot know; we grasp only the end-links in the chain of cause and effect, and no mere observation of casual alterations in the tissue of the brain will justify the conclusion that these have been really the cause of the earliest symptoms.

As a question of simple observation, then, it is impossible to found a purely *somatic* pathology of mental derangement in general upon what we know of the morbid anatomy and chemistry of the insane brain, or blood.

On the other hand, it is unquestionable that some, especially of the more acute and (so to speak) explosive kinds of insanity, the paroxysms of general mania and of acute delirium, have analogies so close and suggestive with the more obviously somatic forms of delirium, determined by blood-poisoning (alcohol, haschish, and probably typhus poison, etc.), that it is much easier to conceive of these as arising from the bodily state than to suppose the latter to be determined by the former. But even in these cases the acute attack of insanity is often only the incidental paroxysm of a permanently abnormal state, and the question of the physical origin of this is as difficult and as remote from direct observation as ever.

Conversely, there are cases of insanity so obviously growing out of the long and continuous action of moral causes, aggravated in some instances by physical complications, or by the sudden disturbing influence of overwhelming emotions, grief, terror, political and religious excitement, love, even sudden fashions, and the power of simple association acting upon ignorant multitudes (dancing-manias, child-pilgrimages, witch-sabbaths, etc.), that it seems impossible to doubt the competency of physical causes, under certain combinations, to determine mental derangement. And if we carry out the inferences derived from these more typical cases into the still ample realm of the less known groups of disease commonly confounded under the various names of monomonia, melancholia, hysteria, morbidly developed emotion of various kinds (often, no doubt, associated with more or less obvious bodily disease), we shall find it quite reasonable to suppose that in many of these cases the starting-point may be, as it often seems to be, *an abnormal mode of activity of the mind itself*, a prevailing sentiment; an habitual emotion; a strong prejudice in favor of or against an individual; a settled opinion, a rooted feeling of love, hate, jealousy, ambition, so nursed and indulged as to dominate over the whole moral nature, and to control, practically, the freedom of the will, and even the reason.

In such cases, not only may delusions follow, and the whole phenomena of insanity in its most developed forms, but even when the morbid changes fall far short of this, the psychical disorder will inevitably, as we have seen, become associated with corresponding changes in the physical organization, and these, infinitesimal at first, will go on deepening, and being confirmed by time, the wear and tear of the nervous system being in accordance, so to speak, with abnormal instead of normal modes of activity; so that in the end it cannot be surprising that these changes should be found practically irremediable; the very channels of nervous influence, and the ganglia through which its storage and discharge are effected, becoming permanently diseased and disabled for normal activity, in accordance with the laws of textural nutrition underlying both pathology and physiology.

And, to conclude, it is in strict accordance with all we know of the hereditary transmission of the physical instincts, along with that of the structures conformed to them, that *such changes, even when thus acquired, may become hereditary;* so that vicious habits and unsound propensities, in the first instance implanted by accident or by training, may, *when confirmed by habit into instincts*, be transmitted so as to vitiate a whole race, just as acquired beneficial habits or instincts are known to be transmitted, *e.g.*, in the case of the shepherd's dog, the pointer, etc., or even indifferent habits, as in the case of those *tricks* of manner which are well known as occasionally passing from a parent to his offspring, or even his grandchildren, under circumstances wholly precluding the possibility of direct imitation.

On Simple Vertigo.

In a paper read before the Yorkshire Branch of the British Medical Association, and published in the *British Medical Journal* for July 26, 1873, Dr. Clifford Allbutt records ten cases of simple vertigo, and makes the following comments upon them. The only constant symptom in the cases was vertigo. All of them were males, and, as far as could be made out, the giddiness was not symptomatic of any other disease or disorder. The vertigo was often very distressing and very rebellious to treatment. The average age of the patients was 44.7 years; but there was no evidence of any degenerative

changes either in the arteries or other tissues. The vertigo, after lasting for months or years, disappears without any other nervous or other disease being developed. There was no loss of consciousness in any of the cases recorded. "One patient suffered from migraine, which ceased about the time of the onset of the vertigo; another belonged to a neurotic family. Many of them were men of anxious or irritable temperament, or placed in positions of anxiety and heavy responsibility. In another patient, also a male, there was some hysteria." In some of the cases the dizziness was followed by sickness. The vertigo came on at no fixed time, but was generally worse in the forenoon. Among the exciting causes of an attack are mentioned the noise and whirl of the streets and the sight of a carriage. The attacks sometimes recurred during quiet or even in the dark. "Assuming the erect posture in the morning often produces it (the vertigo), so that the sufferer has again and again to return to his pillow."

Dr. Allbutt does not think the disease depends upon vascular changes, but that it is "one of the cerebellum, or of the great basal ganglia near it." Remedies addressed to the stomach as a rule do no good. He recommends complete change of scene, and removal of all causes of nervous depression, and Turkish baths. Strychnine is the only drug which he has found of much use. Leeches, blisters, purgatives, etc., do more harm than good.

The Poison of Typh-Fever.

Dr. C. MACLEAN says, in an article in the *British Medical Journal*:—

There have been various opinions regarding the mode of action of the zymotic in the system. The most likely view is, that the poison acts directly on the nervous system, for the symptoms at the outset partake largely, if they are not altogether, of a nervous character. But I think that the theory that it acts as a direct sedative on the nervous system is negatived by the fact that the symptoms in the beginning point unmistakably to irritation of that system. For instance, there is invariably more or less feeling of cold (rigor) at the outset of a fever of any consequence; and this, as we all know, is produced by over-stimulation of the vaso-motor nerves, which causes contraction of the vascular coats, and diminution of vascular calibre. Now, after this state of stimulation has lasted a certain length of time, in obedience to a universal natural law, that over-stimulation shall be followed by a proportionate paralysis, a reaction comes on in the opposite direction, and there is relaxation of the coats of the vessels; which brings us to the congestive state, which we saw was at the root of the fully formed fever. The mistake of Cullen's theory seems to be that, although he spoke of spasm, still he seemed to share in the opinion that there is direct depression (or paralysis) of the nervous system, two states that appear rather incompatible with one another.

Now, may we not reasonably suppose that the action of the zymotic is quite over, or its strength quite exhausted, when the rigor, and other symptoms of nervous irritation, are past? For it seems far-fetched to suppose that the virus, after powerfully stimulating, should suddenly change its tactics and paralyze the nervous system. At any rate, the resulting paralysis is not only quite explicable independently of this supposition, but it is a necessary consequence of the stimulation.

We have thus two great stages of fever; the first that of exaltation, or stimulation; the second, reaction, or depression; and this explains the great uniformity in the course and phenomena of fever.

I may now briefly notice how favorably the action of bromide of potassium may compare with that of some other medicines often used in fever. What can opium do (I mean in the stage of depression, or pyrexia), when nervous energy is kept in abeyance, as we saw, not only directly from the reaction consequent on the first stage, but also eventually by the congestion existing around the nerve centres, in common with that of other tissues, and impeding their nutrition? What can it do, except, by further paralyzing the coats of the vessels, effectually stifle any attempt at rallying? Opium is prescribed in the pyrexial state, hesitatingly, and very properly so; but why use it at all? I have seen the greatest benefit apparently follow from the use of the bromide in the circumstances in which opium is said to be admissible. Indeed, the use of the narcotic in fever, and the administration of strychnine in recent apoplexy, seem to be parallel modes of treatment. Opium may be said to act in a positive manner on the nervous system, and to favor congestion, whereas bromide of potassium is said to act by its constringing effect on the minute vessels; and this is very likely, judging from its effect as a hæmostatic in various passive bleedings, its influence in removing hyperæmia, etc. Now it is surely this constringing influence that is imperatively required here.

Speaking of opium, I think it would be very interesting to try the effect of narcotics, or other nervine sedatives, in the first stage; particularly those, perhaps, whose primary stimulating action is most insignificant.

It will appear, from what I have been saying, then, that the medicines to be used in fever (after pyrexia has come on), should belong to the class of stimulants, as a rule. Now, I believe the bromide may be considered the safest and truest stimulant here; for, from its mode of action on the small vessels, it must be evident that it goes to the root of the matter, and is not calculated to overdo what is intended.

Wine is one of our most powerful agents for good; but at the same time, its indiscriminate employment cannot but be attended with some danger, on account of its action being chiefly confined to the heart and large vessels, and the possibility of its causing inflammation instead of healthy cir-

culation in the congested parts. Where the vital powers are very low, and the pulse indicates want of power of the heart and large vessels, it is often invaluable. I was impressed with the good effects of wine in one case in particular, before I began to use the bromide. It was a case in which there were sibilant *rales* all over the lungs, much dyspnœa, lividity of face, pulse scarcely to be counted, dark, dry tongue, and the patient was in a state of semi-unconsciousness. I looked on the case as desperate. I thought that giving antimony, or ipecacuanha, would be like applying emollients to a conjunctiva where there was nothing but passive congestion of the vessels; for here, as in that affection, the disease is quite the reverse of acute, and depressing or relaxing medicines seem, indeed, uncalled for. Again, local depletion seemed less than useless, for not only could the patient not afford a drop of blood, but the practice of putting leeches on the chest to relieve congestion in the lungs appears, to say the least of it, rather unscientific. So, as a *dernier resort*, I ordered wine, and instead of giving diuretics, which I thought might injuriously concentrate the blood, I gave diluents, which I thought would serve the purpose of diuretics, and wash the blood, as it were, and not have their bad effects. I gave simply plenty of milk and water, to serve both as diluent and food. The patient rapidly recovered under the stimulant treatment.

Now in cases like this, in which the vital powers are low, or where we can predict that they will become so, I think the greatest good will accrue from giving the bromide in combination with wine; for the former will act as a *vis a fronte* to the circulation by its action on the minute vessels, while the latter will be a *vis a tergo*, and perfectly safe in this way, owing to the clearance effected by the bromide.

I think it very important to bear in mind in fever, not only that it, with its complications, is not of an acute or high character, but that it is indeed the very reverse; and if we administer medicines that we would give in acute affections, they will certainly have the opposite effect to that intended.

Mother's Marks.

The influence of the maternal mind on the fœtus in utero is denied by Dr. L. H. ORMSBY, in a lecture printed in the London *Medical Press and Circular*. He says:—

No doubt made use of for the want of a better reason, and in a remarkably able article on "Generation" in Todd's "Cyclopædia of Anatomy and Physiology," all the supposed mental impressions which have been considered as the cause of malformations took place, with few exceptions, in the last stage of pregnancy, when, of course, the child was fully developed. But in opposition to this many mothers who have borne deformed children will always tell you of some circumstances which they are certain to ascribe as the cause of the malformation in their offspring. My friend, Dr. Scott, of Queenstown, who in his official capacity as emigration Medical officer, inspects many hundreds of emigrants in the year, mentioned to me he had inquired particularly as to the causes of nævi on the bodies of infants, and in every case he was able to come at some circumstance during pregnancy in the way of a maternal impression to account for the cause of such an occurrence.

There are, however, many scientific reasons for believing maternal impression of the mother acting on the fœtus by nervous influence to be erroneous.

1. That malformations seldom, or perhaps never, agree with apprehensions or fears, *a priori*, of pregnant women, and in some cases where a woman has borne one deformed child she will therefore be continually in fear of bearing a second deformed, which, I may add, when it occurs, is the exception and not the rule.

2. That the fœtus, even when a germ, is quite independent; transferred as it is from the ovary into the uterus, it needs for its development a material intercourse with a maternal body, but no *organic* connection, for which reason we find it can be developed as well without as within the uterus, as in *extra-uterine fœtation*.

3. That malformations are very common in the lower animals, in which the development and psychical life is very imperfect, and the oviparous generation, which of necessity precludes any chance of disordered maternal influence.

4. In the case of twins, one child may be deformed, and the other in perfect condition, notwithstanding they are both exposed to the same maternal influence.

It will not be necessary for our purpose to trace the subject of maternal impressions further, but I am not so sure that there is not some truth in the theory. We know that there is a great vascular connection between the mother and the fœtus, and the same blood that supplies one helps to develop the other, and that where the mother is affected with syphilis the offspring is sure to become affected also. Scarlet fever, smallpox, and jaundice have in like manner been communicated, and sudden death caused to the child by violent agitation of the mother; but all this is different from maternal impressions. It is a material result easily conceived, and of which we need no further explanation.

Surgical Treatment of Stricture of the Neck of the Uterus.

In April last M. COURTY, of Montpellier, read a memoir before the Société de Chirurgie of Paris on the above subject.

He considers that neither slow nor rapid dilatation suffices for the permanent dilatation of the vaginal orifice of the neck of the womb, and that it is necessary to have recourse to surgical means to cure the dysmenorrhea and sterility which occur in some cases. Meanwhile, however, it is well to be-

gin treatment by dilatation, which, though not radical in effect, is at least preparatory.

M. Courty employs three surgical methods:—

1. Bilateral incision by the simple or double hysterotome. M. Courty, however, prefers a blunt-pointed bistoury with narrow blade and long handle. But, as the cicatrix contracts and narrows the orifice again, he only employs this procedure in cases where the mucous membrane is much folded, and therefore cannot narrow the aperture so much.

2. To prevent cicatricial retraction of the angles M. Courty places two metallic rings in the thickness of the neck, one on the right, the other on the left, like earrings in the lobule of the ear. These rings are each cut out on their side, and the result of their section is added to the normal orifice which it enlarges.

3. When the foregoing are insufficient, M. Courty resorts to autoplasty. He adopts three different procedures; (*a*) incision of each side of the neck and suture of the internal mucous membrane with the external; (*b*) cutting two quadrilateral flaps of mucous membrane, one before and one behind, dissecting these up, resecting the prominent part of the uterine neck and applying sutures; and (*c*) the same procedure, but making the flaps laterally and of triangular or quadrilateral shape. In the discussion which followed, M. Despres expressed the opinion that such cases were rare. M. Blot was equally astonished at the frequency of the stricture observed by M. Courty, and asked how he treated stricture of the internal orifice. M. Verneuil asked for information as to the indications for the operation. In reply, M. Courty confined himself to the object of his present paper, reserving for some future occasion his replies to the questions.

The Diarrhœa of Teething Children.

Dr. W. H. Day writes to the *British Medical Journal*:—The treatment of diarrhœa in teething children is apt to be looked at from a one-sided point of view; the quickest way to arrest it. We have diarrhœa, 1, from dental irritation; 2, from indigestion caused by over and under feeding; 3, from atmospheric changes. Then, too, the diarrhœa may be of a simple inflammatory, choleraic, or dysenteric character; each variety demanding a different plan of treatment.

Astringents, as a rule, are to be condemned. The diarrhœa will continue in spite of them, unless other precautions are taken. If the motions contain mucus and are slimy, and there is a trace of blood and redness about the anus, chalk mixture and kino will be of no service, nor will bismuth, acids, or oxide of zinc. The diet is primarily at fault in these cases, and undigested food has passed into the bowels. Warmth and complete rest, with a dose of castor oil in such cases, is the most appropriate treatment, though the gums may require puncturing, and a grain each of hydrargyrum cum creta and Dover's powder may be necessary. Occasionally a quarter grain of calomel, with a grain of Dover's powder, will be found of great value. Among hospital patients a large number of cases of diarrhœa are attributable to over suckling, and suckling by mothers in delicate health. The return of the catamenia is no hindrance to their nursing, or even menorrhagia in a mild or severe form. Remove all children suffering from diarrhœa from the breast, and let them have cow's milk diluted with lime water, previously warmed and given in a well rinsed bottle, and you will cure the diarrhœa.

Many children are reared entirely on Swiss milk, and this will now and then agree far better than cow's milk. Sometimes milk, in any form and however pure, will keep up the diarrhœa, and then cold barley water, or cold water thickened with isinglass will be necessary, or thin water arrowroot, to which a few drops of brandy may be added should the child be exhausted. Sometimes a powder containing two or three grains of rhubarb and carbonate of soda will neutralize the acidity which has resulted from the fermentative products of digestion, and set the little patients right with magical quickness. If the evacuations are free from mucus and blood, and there is no pain, a mild mixture of sulphate of magnesia and tincture of rhubarb may be prescribed in some cases with advantage. A drop of ipecacuanha wine in plain water, or mucilage and water, has been recommended, and it will often succeed.

Children are liable to diarrhœa at this season of the year from heat, and the excitement of traveling, and change from healthy country places or the seaside to the contaminated air of London.

Treatment of Diabetes with Skimmed Milk.

At the Clinical Society of London, Dr. Greenhow read the case of a patient successfully treated for diabetes with skimmed milk, on the plan of Dr. Donkin. W. H., coal-porter, was admitted into the Middlesex Hospital on November 9th, 1872. He had been of intemperate habits, and subject to rheumatism and winter cough. On admission he was suffering from œdema of the right leg, and was passing a great deal of urine. He was kept under observation for some days, on a restricted diet, and was found to have night and morning cough, raising a good deal of sputum, which continued more or less whilst he remained in the hospital. On December 1st he passed one hundred and two ounces of urine, containing about four ounces of sugar by the fermentation test. He was then treated with opium, beginning with half a grain twice a day, and gradually increased to one grain three times a day. Beyond this it could not be carried, as the patient's bowels became obstinately confined, his tongue creamy, and his pupils contracted. The quantity of urine

somewhat diminished, but not the quantity of sugar contained in it. On December 12th he began to take skimmed milk as exclusive diet; at first, four quarts, increased on December 20th to five quarts, and on January 4th, to six quarts daily. The brandy and opium were gradually decreased, and on December 19th were entirely discontinued. On December 12th he passed ninety-five ounces of urine, of specific gravity 1035, reduced by fermentation to 1007, containing twenty-eight grains of sugar to the fluid ounce. From this time the average quantity of urine diminished, though less steadily than the proportion of sugar it contained, which grew less and less, until after January 18th no trace of it was ever found, either by Trommer's or the fermentation test. From January 21st his diet was gradually changed, and he was allowed bran, gluten cakes, eggs, ham, meat, and greens, with a smaller quantity of skimmed milk. On March 12th he was sent to Eastbourne Convalescent Hospital, and was re-admitted to the Middlesex Hospital in April, for fourteen days, during which time he passed from forty to sixty ounces of urine in the twenty-four hours, perfectly free from sugar, and was otherwise in good health. He continued under observation after his discharge, and on May 23d remained in the same satisfactory condition. Dr. Greenhow remarked that he did not bring the case forward in order to recommend skimmed milk as a panacea for the cure of all cases of diabetes; he did not even assert that a permanent cure had been effected in this case; but, so far as it had gone, he considered the case an important and interesting one, as showing that it was possible to maintain an adult in health and strength for many weeks on a diet of skimmed milk exclusively, and also that such a diet is, sometimes at least, successful in removing the glycosuria. He did not pretend to determine, from his limited experience, in what classes, or proportion of cases of diabetes it would be found applicable, but thought no other treatment could have done more for W. H. In old-standing cases, especially if complicated with organic disease, it would undoubtedly fail, as do all other plans of treatment that have been tried.

Traumatic Rupture of the Tympanic Membrane.

At a meeting of the Clinical Society of London, Mr. W. B. DALBY reported five cases of this accident, and five others also were mentioned as having come under his notice. In three cases the injury was caused by the head of a pin being thrust through the membrane; in three others, a needle, the point of a pair of scissors, and a blade of straw, were used in the same manner. In the remaining four cases the rupture was caused as follows: by a fit of vomiting, by blowing the nose vigorously, by a box on the ear, and by pressing some cotton wool into the ear. The terminations of these cases were very various, both as regards the healing of the rupture and the extent of permanently impaired hearing. In six out of the ten cases the wound healed; and when no inflammation in the tympanic cavity followed the accident, a few days sufficed for the perforation to close. In the other four cases, the perforation did not heal at all; in two out of three, improved hearing was obtained by the use of an artificial membrane, in the form of a piece of moistened cotton-wool, worn pressed up to the tympanum. When suppuration had been once established in the tympanic cavity, the treatment pursued was the same as in cases where the perforation had been the result of disease, and consisted chiefly in the use of astringents. No treatment at all was adopted when the injury was not followed by inflammation in the tympanum. Mr. Dalby pointed out that it did not follow necessarily that the hearing was regained in a greater degree if the rupture healed than when the perforation remained; and that the greatest losses of hearing followed those accidents in which the greatest force was used in producing the rupture. The conclusion arrived at was, that the injury to the nervous structure of the ear behind the tympanum caused the loss of hearing, rather than the injury to the membrane itself. Where the shock was very slight, as in the instance of injury from a needle or any sharp instrument, the hearing was regained completely, or nearly so; but if the instrument used were blunt-pointed, and considerable force was employed, the resulting deafness was proportionately greater. The same held true when rupture took place from sudden condensation of air in the tympanum (as in blowing the nose), or in the meatus (as in a box on the ear). It was quite impossible, Mr. Dalby said, to recognize a cicatrix in the tympanic membrane if the patient had not been under observation during the process of healing, as thinning of the membrane, and other changes occurring during catarrh of the middle ear, were sometimes so like cicatrices as not to be distinguishable from them. Mr. Hinton confirmed Mr. Dalby as to a wound of the membrane leaving no serious defect. He was not, however, certain that all the cases read were traumatic. If so, they might give rise to erroneous notions as to the gravity of the accident. Mr. Dalby showed that there might be rupture of the membrane even by a box on the ear.

Poisonous Character of Nitrous Oxide.

In the *Archives de Physiologie* Drs. JOYLET and BLANCHE publish the results from their experiments on this subject:—

Chemically pure nitrous oxide will not support the respiration of either animals or plants, as they cannot decompose the gas. When breathed in a pure state by animals, it causes asphyxia and death, with all the symptoms usually occasioned either by strangulation or by the respiration of an inert gas, such as nitrogen or hydrogen. Nitrous oxide causes death in nearly the same time

as these other asphyxiating agents. Nitrous oxide has no special anæsthetic action. The anæsthesia which it may produce when inhaled in a pure condition is only due to want of oxygen in the blood. Insensibility appears when the oxygen in arterial blood is reduced to less than 2 or 3 per cent. Arterial blood is then very dark, and contains 30 to 40 per cent. of nitrous oxide. Animals can live and show no alteration of sensibility while breathing mixtures of nitrous oxide and oxygen, in the same proportion as nitrogen and oxygen in air. The arterial blood then contains about 30 to 35 per cent. of nitrous oxide. Birds placed under a bell-jar filled with this mixture behave exactly like those placed in a jar of the same size filled with air, and die after having exhausted the oxygen to a similar extent and formed a similar amount of carbonic acid. As nitrous oxide is an irrespirable gas, and does not possess the anæsthetic properties which have been attributed to it, the authors conclude that its employment cannot but be dangerous, and ought, on this account, to be excluded from medical practice.

Pulmonary Hemorrhage as a Cause of Consumption.

In a paper read before the Medical Society of the College of Physicians of Dublin, and published in the Dublin *Journal of Medical Science* for May, 1873, Dr. Finny discusses the subject of pulmonary hemorrhage as a cause of phthisis. He prefaces his remarks by relating the histories of three cases which occurred in his practice, in all of which, as far as could be ascertained by the most careful inquiry, there existed no pulmonary disease previous to the occurrence of the hæmoptysis; but in all the three cases the pulmonary hemorrhage was followed by signs of consolidation and subsequently of softening of the lungs, and all three terminated fatally within six months from the time of the first bleeding.

With respect to the probable cause of the bleeding, Dr. Finny does not regard with much favor the hypothesis of a previous diseased state (fatty degeneration) of the arteries of the lungs, as there have been few opportunities of examining these organs microscopically at the very outset of consumption. He also asks whether it is necessary to seek such a theory to explain the epistaxis which is so frequent in young people. He also does not view with approval Laennec's theory of the hæmoptysis being due to tubercles deposited in the lungs and lying latent there till such time as some sufficient exciting cause shall call them into activity. The theory which commends itself the most to this physician is the accidental rupture of some blood-vessel, in consequence of some undue exertion on the part of the patient. This theory of accidental bleeding is borne out by the history of the cases narrated by Dr. Finny.

Dr. Finny considers that the death of his three patients was the direct consequence of the pulmonary hemorrhage; and "that the hemorrhage and the inflammatory action set up in the lungs bore to each other the relation of cause and effect." With regard to the steps of the morbid process, Dr. Finny's views are in general accordance with those of Niemeyer in his lectures on phthisis. Dr. Finny answers the objection that blood does not and cannot produce inflammatory action in the lungs, by adducing instances in which blood is acknowledged by competent authorities to set up inflammation in other mucous membranes, as, *e.g.*, in the nares and vagina, when a plug soaked in blood is allowed to remain too long in contact with the mucous membrane. He does not agree with Niemeyer that hæmoptysis is a frequent cause of phthisis; and he is of opinion that hemorrhage may occur without any resulting inflammatory action; and even when inflammation does follow an attack of bleeding, he thinks the pneumonic products are in some cases sooner or later absorbed.

Whether rapid consumption will follow an attack of hæmoptysis or not depends, according to Dr. Finny (and upon this point he would lay considerable stress), on the presence or absence of the strumous or scrofulous diathesis in the person attacked. He believes this factor to have been present in the three cases he has recorded. Dr. Finny then goes on to explain what he means by the scrofulous diathesis, and concludes a very able paper by stating his belief that in his case the phthisis was partly due to tubercles developed in the lungs in consequence of the system being infected, owing to the retrograde metamorphosis of the products of the catarrhal pneumonia, and by the blood effused into the air-vesicles. There were, however, no *post-mortem* examinations allowed in the cases brought forward.

Diagnosis Between Serious and Mild Cases of Delirium Tremens.

The *Medical Press and Circular* contains a translation from an article in the *Journal de Medecine.* The author, M. MAGNAN, has sent to the Société de Biologie a communication which throws light upon the prognosis of the febrile form of delirium tremens, showing the clinical method of distinguishing the grave from the benign form of acute alcoholism.

The result of M. Magnan's researches is, that these symptoms are to be met with in such cases. The first, and the most important, is the state of the temperature; when for two or three days it oscillates about 38° C., the case is simple, and those oscillations announce its speedy subsidence. When, on the contrary, the temperature rises from 38 to 39° the first day and rises even to 40, 41, and 42° and more (it has been seen at 43° just before death), the case is most serious. The rise of temperature, permitting one to be precise as to the diagnosis and prognosis of a malady which causes much disquietude, is M. Magnan's own discovery, and this tak-

ing of the temperature allows one to distinguish the idiopathic delirium tremens which occurs immediately after alcoholic excesses from the delirium tremens of the wounded, and of patients with whom it is intercurrent. In those cases the temperature corresponds with the complications, the traumatism, the pneumonia, the erysipelas, and its rise follows the ordinary course of those affections.

M. Magnan has remarked, moreover, that in the gravest cases of delirium tremens you may observe, besides well-known trembling, a very noticeable disturbance of motility, consisting in a quivering of the muscular fibrillæ, which is developed under percussion or pressure. The third sign is a paralysis amounting to paraplegia of the lower limbs in the worst cases, to simple weakness in slight ones. But these two last signs are far from having the value of the first.

On the Frequency of Persistent Hymen.

In the *Glasgow Medical Journal* Dr. J. St. Clair Gray reports a very interesting series of cases of persistent hymen, which have equal importance to the obstetrician and medical jurist, as they afford incontestible proof that persistence of the hymen is compatible with the wedded state, that its destruction does not necessarily follow even the calling of a prostitute, and hence, that its persistence after attempted rape must not be relied upon solely as evidence sufficient to disprove the charge.

Case I is that of a lady, aged forty-three years, married twenty-four years, suffering from a tumor connected with the right ovary. Vaginal examination was attempted, but at first no vaginal orifice could be discovered, the meatus being guarded by a perfect hymen having anteriorly a small aperture which permitted the escape of the menstrual flow. There was a slight depression involving the anterior portion of the perinæum and the posterior portion of the hymen. This depression, evidently the result of frequent attempts at coitus, was, under pressure by the finger, capable only of affording a cul-de-sac not more than three-quarters of an inch in depth, while its normal depth was but one-quarter of an inch.

Case II was that of a lady aged thirty, married ten years, but childless, and with symptoms of prolapsus uteri. On a vaginal examination, the os uteri was found about an inch from the meatus. A thin membrane intervened between it and the finger. This membrane was a persistent hymen, which, from frequent attempts at sexual intercourse, had become pouched, so as to give rise to the formation of a perfect *cul-de-sac*, which, in its normal state, was from three-quarters of an inch to one inch in depth, but under pressure, either by the finger or the speculum, was capable of being distended to the extent of about one inch and a half. Its persistence was evidently due to the presence of strong bands of fibrous or fibro-elastic tissue, which rendered the structure, as a whole, very resilient.

These two cases are, it is thought, sufficient to prove that, even under circumstances the most favorable for its rupture, the hymen may remain intact; and if we remember that in cases of attempted rape the circumstances are less favorable—any struggling on the part of the female having a tendency to prevent perfect penetration—we are, we think, warranted in inferring that in such cases the proportion of those in which the hymen is not destroyed must be considerable.

Still further, however, to strengthen this position, Dr. Gray relates the particulars of three cases in which the hymen was found persistent in prostitutes. These three cases were found among about 1500 who, within the last few years, have applied for admission to the Glasgow Magdalene Asylum, Lockburn, Maryhill; and should subsequent experience establish this as the precise proportion, viz., 1 in 500, it will considerably affect the significance of persistence of the hymen as an evidence or a sign of virginity.

Mr. Gray adds a report of three cases of vaginismus with persistent hymen in married women. In one, the patient refused to submit to any treatment, although the sensitiveness was such as to prohibit matrimonial connection, and at the end of eighteen years she was still in the same condition as previously to her formal marriage. In the other two cases, dilatation and the use of atropine pessaries effected a rapid cure, and the patients have since both conceived and borne children.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. M. De Christoforis and Dr. Zambeletti, of Milan, announce that their proposal for the study and initiation of a universal *Pharmacopœia* has been accepted by the Executive Committee of the Viennese Medical Conference, and will be brought into public discussion.

—The magnificent *Atlas d'Anatomie* of Professor Paul Mascagni is about to be republished. This is probably the most splendid Anatomical Atlas ever issued. The first edition cost $400, gold; the present one, 600 francs, gold, with colored plates; 300 francs uncolored. There are 150 plates in all. Subscribers should address Dr. Alphonse Bos, No. 40 Rue Ricasoli, Florence, Italy.

—We have received a thoroughly worked-up article on Longevity of the Sexes, by Dr. J. S. Hough, reprinted from the *Medical Record*, which shows that the objection to insuring lives of females is unfounded.

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S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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WHAT TO DO IN DEFAULT OF A DIAGNOSIS.

The meeting of the British Medical Association, which took place in London during the first week in August, was well attended, and a number of addresses were delivered, most creditable to the learning and ability of the profession of the United Kingdom.

The address in medicine was by Dr. E. A. PARKES, the eminent author of the standard work on *Hygiene*, and now Professor of that branch in the Army Medical School. A somewhat amusing portion of that address relates to the plan pursued of old and to-day when we cannot make a satisfactory diagnosis, an event that occurs oftener, perhaps, than we care to confess either to ourselves or others.

Dr. PARKES says:—

Forty years ago it was only in a comparatively small number of cases that a practitioner could make an accurate diagnosis. What was to be done when the exact nature of the disease remained uncertain? For the most part he took note of the prominent symptoms and treated them; and looked especially to the general condition. The first thought of many men was whether the patient was plethoric or the reverse; whether he was to be reduced or sustained. I knew intimately a physician who was most successful in his treatment, and who always, when he could not determine the disease, put this question to himself: "Which of these two courses must I take?" and, if he thought the patient required reducing, he bled and gave aperients and diuretics, and restricted the diet. If he thought the patient anæmic and in bad nutrition, he gave good food, bitter tonics and iron. It was astonishing how many of those ailments which we all know are difficult to bring under a determined category were cured by this simple plan, when judiciously carried out, and how much benefit was done even when no diagnosis had been made out.

Other men, when a diagnosis was difficult, invariably followed the eliminating plan, giving aperients and acting on the skin and kidneys, and then, after a time, changed the plan and gave tonics and iron; dropsies were treated by digitalis, or purgatives, or diuretics, without reference to their cardiac or renal cause; cardiac palpitation was treated by rest, blisters and opium, no matter whether it owned neurotic or organic cause; dyspeptic symptoms, however arising, were treated by prussic acid (then lately introduced by Granville and made popular by Elliotson); vague, uncertain symptoms which could not be referred to their source were often combated by a succession of remedies termed "alterative," the main drugs being purgatives and then mercury, iodine and antimony, and neutral salts. On looking back as well as I can to what I can remember of the practice of my early student days, it seems to me that a vast amount of good was done by men whose diagnosis we should now look upon as very incomplete. That much was left undone we must allow; but even now there are many cases in which we have to fall back on such a general plan as I have referred to, and often find our cases benefited.

As to what we do or should do to-day the Professor is not quite so explicit; but he evidently believes that it is as well to rely largely on purely hygienic and sanitary measures, good nursing and the like, until the diagnosis is clear. He remarks:—

In the present day our practice is, I conceive, differently conducted. Our first thought when we investigate disease is to

know precisely the parts affected; to estimate the amount of local injury, and to determine the effect produced on the constitution at large by the abnormal condition. We aim at a diagnosis as accurate and large as possible, and, though this is not always practicable, I think all will allow that there is a considerable degree of certainty. Then, being better acquainted with the course and tendencies of the special condition, we are able to form a better judgment of what is likely to take place, and how it is to be combated. Of course, a vast deal of our treatment is still empirical, and no doubt will be so for many years to come, and oftentimes we must fall back on general rules and treat a constitutional condition without recognizing its cause. But, on the whole, we diagnose, I conceive, fairly, and have a tolerable knowledge of how the state we discover can be best dealt with.

If, as I believe, the art of cure has really advanced greatly in the last forty years, the art of prevention has also made great progress, and this has directly arisen from the improvement in diagnosis. The recognition of a disease, and its reference to a particular category, inevitably lead the mind to probe its causes. This seems an instinct of our nature, probably divinely implanted to impel us in the path of knowledge and improvement. We cannot rest satisfied with seeing the thing; we must know its origin. Hence, during the last forty years has arisen the School of Sanitarians, whose creed is that every disease, as we see it, has its antecedent, and that the problem they have to solve is to reach this antecedent, and to prevent the seed from bearing its fruit.

The advice here intimated rather than expressed is indeed what the intelligent physician practically does. If the lesion is not clear, he treats the most urgent symptoms, chiefly by soothing and sanitary methods, and awaits a more distinct phase of the malady to have recourse to powerful remedies.

Faith in these latter is not shaken by their more limited employment, but there is no use calling on Hercules to lift the wheel from the mire when the carter himself can do it, to use an illustration from Æsop's fables. The judicious use, not the neglect, of powerful drugs characterizes the learned physician.

Notes and Comments.

Curious Loss of Memory.

Dr. Walter relates the case of a man who retained his memory for recent events, though he had completely lost it for former ones, thus differing in a curious manner from the loss of memory from senile decay, injuries to the head, or epileptic seizures, in which recent events are forgotten, whilst events that happened years before are retained in a surprising manner. The case is that of a man forty-six years old, who, having lost his money in business, and his wife having in consequence left him, took to drink. He had no delusions, but completely failed in his power of remembering; he did not even know his native place or his children, though he gave correct answers to questions relating to the present. He improved rapidly under treatment, and his speedy discharge was contemplated.

Latent Gonorrhœa in Women.

An important caution is given by Dr. MacDonald in a recent number of the *Edinburgh Medical Journal*. He says that medical men ought to be very guarded in giving permission of marriage to young men who have within a short period contracted a gonorrhœa, or who suffer from a gleety discharge. Want of caution in this matter is probably the reason why an unfortunately large number of young women, married in the best of health, fall into chronic ill health shortly after marriage, or become, in two or three months, victims to a fatal metritis or perimetritis after abortion.

In cases of this chronic gonorrhœa, the leucorrhœa is of itself of little diagnostic importance, as it may vary within wide limits, both as regards quantity and transparency, but it is usually yellowish-colored, as if mixed with pus, and non-transparent as it flows from the cervix uteri. The cervix is usually surrounded with an intensely red erosion, of some lines in width. The uterus is usually tender, and the regions of its mucous membrane adjacent to the mouths of the Fallopian tubes are specially tender. Inflammation of the urethra at an early stage of the disease is of great value, but it soon passes away. Much more value must

be placed on the condition of the vulvo-vaginal glands and the glands of Bartholini. The vulvo-vaginal glands are enlarged; the vulva is sensitive. The existence of inflammatory catarrh of the glands of Bartholini is an important sign. On separating the labia minora from the remains of the hymen between the first and the under lateral caruncula myrtiformis in a woman who in former years has suffered from gonorrhœa, it is the rule to see an intensely red point, covered over with glassy mucus, from which as a centre a red streak, constantly becoming fainter, stretches upward and outward, and gradually becoming pale, passes over into the color of the surrounding mucous membrane.

Reports of the American Medical Association.

Dr. N. S. DAVIS, to whose ardent interest in the American Medical Association that institution owes most of its vitality, is very severe on the Reports of its Proceedings, as just published in most Medical Journals. He says (*Chicago Medical Examiner*, July 1,) "Such periodicals as the *Medical Record*, the Philadelphia *Medical Times*, the Boston *Medical and Surgical Journal*, etc., should have sufficient regard for the interests of their readers to insure a reasonable degree of correctness in stating the doings of the National organization. While the editors of most of these periodicals have remained at home, nursing their chronic habit of fault-finding, a few active-working members of the Association have been patiently endeavoring to keep out subjects of strife and contention, to increase the efficiency of the practical working of the Sections, and to make such improvements in the general organization, from time to time, as experience should dictate."

The Editors and readers of the MEDICAL AND SURGICAL REPORTER had the satisfaction of knowing that the very complete report published in that journal was prepared under the immediate supervision of the very able and efficient Permanent Secretary of the Association, Dr. William B. ATKINSON, and was therefore *officially accurate.*

On Morphia with Ether in Anæsthesia.

Dr. J. B. QUINLAN writes to the *Medical Press and Circular*:—

I have paid some attention to the use of subcutaneous injection of morphia as an adjunct to the production of anæsthesia, both by chloroform and ether. I have altogether tried this plan in eleven cases of chloroform and four of ether.

I can speak of it in very high terms, never having noticed the lowering temperature described by M. Demarquay, nor any other dangerous symptom. The quantity of acetate of morphia employed is generally one quarter of a grain, which is injected subcutaneously in the immediate neighborhood of the operation.

The special effects of the chloroform or ether upon the system (other than anæsthesia) appear to be reduced in intensity, a circumstance which I attribute to the fact that anæsthesia is accomplished with something more than one-half of the ordinary quantity, and, when once produced, is very prolonged. In fact, it generally ends in sleep, which, of course, much diminishes the shock of the system. Two of the cases in which I tried it were prolonged operations for vesico-vaginal fistula; another was an operation for the cure of entropium (at which I had the advantage of your assistance), where both eyelids were operated upon at the same sitting.

The use of morphia along with ether being not usual, and my number of cases being small, I am reluctant to generalize. As far as they go, however, I would say, that the effects of morphia with ether are fully equal to those if it were used with chloroform.

Professional Poetics.

A doctor down in Texas sends us a bill-head of a professional neighbor of his, which runs thuswise:—

"Dr. T——,
Office over the drug store.
God and the doctor we alike adore
Just on the brink of danger, not before;
The danger passed, both are alike requited,
God is forgotten, and the doctor slighted.

☞ *Special attention given to all practice, either day or night.*"

Some people have curious tastes.

CORRESPONDENCE.

Treatment of Morbid Dentition.

EDS. MED. AND SURG. REPORTER:—

I had occasion last January to prescribe for the patient of another physician, a boy æt. one year, suffering from derangement of the stomach and bowels, while teething; his stomach was very irritable, bowels moving frequently, head hot and temper fretful; he had some fever, but temperature not re-

membered. He had been taking for several days a mixture of paregoric, lime-water and milk, without any permanent benefit. Ordered.

R.	Pot. bromidi pulv.	grs. xv.	
	Pot. nit. pulv.	grs. xij.	
	Zinci. oxidi.	grs. ij.	M.

Divide in chart No. vi. S. one powder every four hours until bedtime.

Added nit. pot. on account of the fever; in twenty-four hours he was greatly improved; stomach and bowels quiet, fever abated and temper playful; continued brom. pot. and zinc, leaving off the nitrate pot. and he had no further trouble. At the next eruption of teeth he had the same symptoms, which yielded readily to the same prescription without any special treatment directed to the alimentary canal, the vomiting and purging being restrained by quieting the nervous irritability, in other words removing the cause. The above treatment is based on the idea that the anorexia, vomiting and purging are reflex symptoms dependent on irritability of the nerve centres, which unchecked is liable to eventuate in convulsions, congestion or inflammation of the brain, or inanition from derangement of the digestive function.

In my opinion the treatment is safe, and can be kept up some time, and is really more valuable in the prevention than the cure of bad symptoms. I have not used this treatment extensively but am pleased with it thus far, and emboldened to ask a trial of it in this disease in the way of prophylaxis and cure; the oxide of zinc is combined in the above from its supposed sedative effects, and I should think that a definite compound of bromine and zinc would be useful and convenient in various nervous affections. The "child of the period" is an interesting study, and needs attention as well as the girls and boys of the period; begotten of nervous parents he has a double inheritance of nervous predisposition, with a lack of physical development in other respects.

E. D. Drake, M. D.

Whitesboro, Texas, May 1, 1873.

A Case of Sudden Death.

Eds. Med. and Surg. Reporter:—

John Smith, a rolling mill hand at the Evansville Mill, usually a sober man, was attacked July 4th with intense pain in the stomach and bowels; he had previous attacks of a similar character, which they called "cramp colic" and which whisky relieved.

The day being intensely hot, and having drank beer and been exposed to the sun, he returned home complaining that he was sick.

The pain increasing in intensity, I was sent for, and on my arrival found him drunk from "whisky and essence of ginger," and suffering to the extent of requiring several men to keep him in bed.

I introduced hypodermically ¼ grain morphia in the arm, and remained in the house *one hour and a quarter* and found it took no effect. He was, however, somewhat quieter, but evidently suffering acutely.

During the night he became insensible, with stertorous breathing, hot skin, and full bounding pulse, and died at 12 o'clock.

The friends think if I had not introduced morphia in the arm, he would have recovered as he had done before.

I see here clearly a case of cerebral apoplexy, and, under the circumstances, ask your opinion on the matter.

I am, Sir, Yours Respectfully,

John Mageniss, M. R. C. S. L.

Evansville, Ind.

[We think it altogether certain the death was from the disease, and not from such a small dose of morphia.—Eds. Reporter.]

News and Miscellany.

School of Anatomy.

The Philadelphia School of Anatomy, Chant street, commences its course of lectures October 7th, 1873.

A Humane Provision.

The Erie Railway Company have adopted a plan for the relief of those sustaining injuries incident to railroad casualties or accidents, which commends itself as a measure of great wisdom and philanthropy. It is the establishment of a Medical Bureau for the road. The system projected in this department of railway service corresponds with that which obtains in the U. S. Army, and which has been for some time in operation, in this particular, on several of the prominent railroads of the country. The Erie Company have appointed for the road, as Surgeon-in-chief, James W. Ranney, whose headquarters is New York city, and as auxiliary and co-operative surgeons, for the discharge of professional duty, appointments have been made for the several divisions of the main line and connecting branches. In the latter capacity, for the Eastern Division of the road, Dr. Sol. Van Etten, of Port Jervis, Dr. J. H. Thompson, of Goshen, and a physician of Paterson, whose name we have not learned, have been appointed; and for the Delaware Division, Dr. William L. Appley, of Cochecton.

The Cholera.

IN EUROPE.

In Konigsberg, in the middle of July, there were scattered cases in the town and various parts of the Provinces. In Warsaw, from May 30th to July 11th, there were in the city 298 cases, and 103 deaths. In Jassy there were two deaths on July 14th. In Rutschuk, on July 10th, the town free; the disease was present in the neighboring villages. At Shumla, from July 5th to 7th inclusive, there were 143 cases. At Galatz, from July 12th to 16th, there were 22 deaths. In Crajova and Turna-Severin, there was a good deal of cholera in the middle of July.

In Silistria and Widdin there were scattered cases. The disease has broken out in Sofia (Bulgaria), and is extending over the neighboring district. In Pesth, from July 1st to 8th, there were 70 cases and 46 deaths; from July 9th to 15th, 190 cases and 80 deaths. Cholera is widely prevalent in Hungary. In Italy, in the province of Treviso, from July 1st to 6th, there were 20 new cases, 10 deaths, and 16 cases under treatment on July 6th. In the province of Venice, in the same period, there were 37 new cases and 23 deaths; 35 patients remained under treatment. In the second week of August two cases of undoubted Asiatic cholera were reported in London, to the Medical Officer of the Privy Council, of which one proved fatal. They were imported from Hamburg, and proper precautions were taken. Full particulars are given in all the daily papers.

IN AMERICA.

Dr. J. T. DAVIS writes us from West Point, Kentucky, dated August 30:—

We have been having, during August, a good many cases of cholera, the larger number attacked dying in a few hours; only a very few cases have recovered. It has been confined to the hands, white and colored, working on the Elizabethtown and Paducah Railroad, a larger number of colored dying than white. It is subsiding now and work is being resumed again.

Recent daily papers inform us that Cholera of a most malignant type is raging at Okawville, Illinois, about 29 miles from St. Louis. Twenty-three persons died there within twelve hours from the appearance of the disease. Some of the victims have died within *fifteen minutes* after the attack, their bodies "turning black immediately." The principal bridge builder of the St. Louis and Southwestern Railroad, and his three children, are among the victims. Five members of one family died in the course of three hours. All who can were leaving the town, and those who remain are using disinfectants and burning tar in the streets. It is said that "no local cause exists for the disease." The cholera is also raging terribly in portions of Western Kentucky.

There were eight deaths from cholera in Murphysboro, Illinois, on Thursday, Sept. 4, and eight new cases on Friday. Five members of one family have died of the disease near Jonesboro, in the same State. The disease is spreading through the low grounds near the Mississippi river. Six deaths from cholera were reported in St. Louis the first week in September.

Three deaths from cholera were reported in Wheeling, W. Va., on Thursday, Sept. 5, and two new cases of the disease yesterday morning. The cholera was abating in Millersburg, Ky., only two deaths from it having occurred there on Thursday.

Within two weeks past the cholera has carried to the grave five of a family of seven, at Mason City. Mrs. Wells, one of the heads of this sorely afflicted family, was the last of the five who died.

Eight deaths from cholera were reported in Chicago the last week in August against five the preceding week.

Four deaths from cholera were reported in Millersburg, Ky., on Tuesday, Sept. 2.

One case of sporadic cholera was reported in the first week in September in this city.

The Yellow Fever.

The prevalence of yellow fever at Galveston and Shreveport causes much uneasiness. The disease is very malignant at Shreveport, and that place is isolated from the surrounding towns by a strict quarantine.

QUERIES AND REPLIES.

Inheritance.

MESSRS. EDITORS:—Do children ever inherit too much brain, or an over-developed nervous system? In order not to be misunderstood, take this illustration. It is not infrequent for practitioners to visit in families in which the children have large, well-developed heads. Apparently their bodies are well nourished also. These children perish in early childhood, usually from some brain affection. The writer has known nine to perish thus out of a family of eleven. Both mother and father of this family were of large frames and large, well marked craniums.

If the above questions are answered in the affirmative, then the following are pertinent. Are there any marks or appearances by which one can conclude that a certain child will live but a few months or years at best? and if so, what are these marks and appearances? Yours, etc.,

I. S. MANNING, M. D.

Ottawa, Kan., Aug. 25th, 1873.

MARRIAGES.

KENNEDY—PINTO.—On the 28th inst., at their home, No. 1514 Cherry street, by the Rev. J. H. Alday, Samuel Kennedy, M. D., and Miss Cordelia Alice Pinto, both of Philadelphia.

CAMPBELL—HIGGINBOTHAM.—On Tuesday, August 28th, by Rev. A. B. Carter, D. D., George Campbell, of Liverpool, England, and Rosalie, daughter of Dr. Edward C. Higginbotham, of this city.

DEATHS.

BOZEMAN.—At Morristown, N. J., on Tuesday, August 26th, at three A. M., Mrs. Bozeman, wife of Dr. Nathan Bozeman.

CARTER.—At Omaha, Neb., August 31st, Anna C., wife of Joseph Carter, and daughter of Dr. Charles F. and Mary L. Clark, of Camden, N. J.

GILPIN.—On the 27th inst., at the residence of his mother-in-law, Mrs. C. L. Rowand, No. 1009 Pine street, this city, Thomas Gilpin, son of the late Dr. John Gilpin, of Elkton, Md., in the 26th year of his age.

MUNDY.—At West New Brighton, Staten Island, August 31st, 1873, of typhoid fever, Frank C., son of Dr. Edward C. Mundy, in his 20th year.

SATTERLEE.—Suddenly, at New York, on Tuesday, the 26th inst., Ethelwyn Suydam, youngest daughter of Dr. F. Le Roy and Laura Satterlee, aged 9 months and 16 days.

VANDERVEER.—At Long Branch, N. J., on the 20th inst., of consumption, Jacob H. Vanderveer, M.D., formerly of New York city, aged 55 years, 7 months and 2 days.

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No. 30 North William Street, New York.

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OF

LA PLATA.

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This Extract is a *pure Extract of Beef*, unsurpassed in quality, free from fat and gelatine, each pound of which contains the soluble nutritive constituents of 34 to 36 pounds of the finest beef, exclusive of bones and fat, corresponding to about 45 pounds of good butchers' meat. As a medicinal agent it will be found of great value to the Sick, Invalid, and persons and children of Weak Constitutions, but its most extensive use is for domestic purposes.

It will keep unaltered for years in any climate, and will recommend itself at once for its *purity*, its *permanency* and *cheapness*.

Physicians, by ordering Liebig's Extract of Meat of La Plata, may rest assured of having the purest Extract of Meat that can be prepared.

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OF UNCHANGEABLE IODIDE OF IRON.

BLANCARD'S Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well-deserved favor among Physicians and Pharmaceutists. Each pill, containing one grain of Proto-Iodide of Iron, is covered with finely pulverized Iron, and coated with balsam of Tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

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BOUDAULT'S PEPSINE,

And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

BOUDAULT'S Pepsine is the most reliable, the only one used in the Hospitals of Paris, and recommended by Professors Wood and Bache (see American Dispensary, 11th edition, pages 1479–1480). BOUDAULT'S Pepsine is sold in powder (in 1, 8, and 16 ounce bottles). The dose is 15 grains 2 or 3 times a day, at meal time.

It is used with great success for *Dyspepsia, Gastralgia, Slow and Difficult Digestion*, following fevers and also for *Consumption* and other *Chronic Diseases*. *Debility of the Stomach* in an old age or abuse of liquors is relieved by it, and it is invaluable as a preventive of *Vomiting during Pregnancy*.

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A substitute for sea and mineral baths. *Tonic, Stimulating and Resolvent.* Used by [illegible] hundred physicians in the hospitals of Paris, in Skin Diseases, Nervous Affections, [illegible] Chlorosis, Gout, Rheumatism, Scrofula; also, Colics, Cholera Morbus and Gastric Affections.

CAPSULES RAQUIN.

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Copaiba pure—Cop. and Cubebs—Copaiba and Iron—Copaiba and Matico.

Their prompt solubility in the stomach insures their superiority over other Capsules of the sort. They cure in the most obstinate conditions. Dose.—Four to six capsules three times a day.

This injection, approved by several Academies of Medicine, is so well known for its sure and prompt action, that it is called INFALLIBLE. It is used without any internal remedy, and enjoys a world-wide renown.

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Cincho-Quinine holds ALL the important constituents of *Peruvian Bark* in their alkaloidal condition. It contains no *sulphate* of *cinchonine* or *sulphate* of quinine, but *cinchonine, quinine, quinidine,* etc., without acid combinations. It is now nearly four years since it was placed in the hands of physicians for trial, and the verdict in its favor is decisive.

At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has *equal* tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

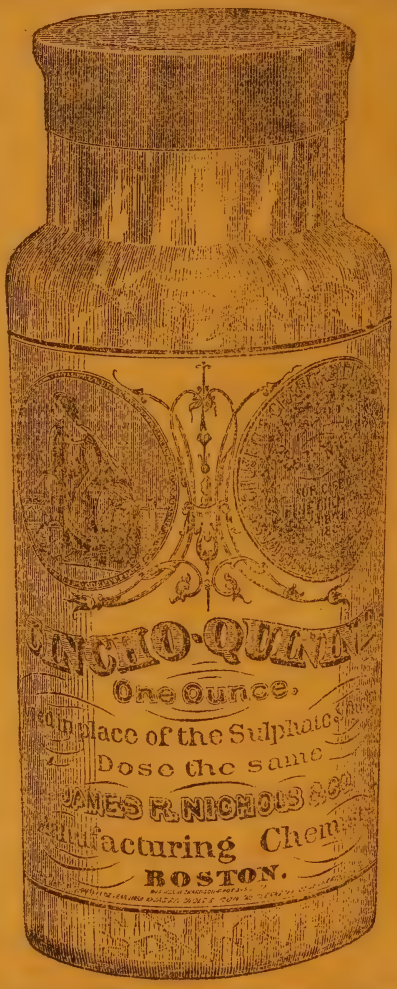
The cut below gives the size of the ounce phial, and the form of putting up.

Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M. D. *Fall River, Mass.*

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FREY, M. D., *Perry, Iowa.*

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. COONS, M. D., *Madison, Ala.*



I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. *Wapping Falls, New York.*

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M. D., *Indianapolis, Ind.*

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M. D., *Lincoln, Ill.*

I have used an ounce of Cincho-Quinine in some obstinate cases of intermittent neuralgia and ague, and am happy to state that it has thus far sustained in full the anticipation raised by what you have claimed for it. Dr. S. S. Cutter, of this city, has an extensive general practice, and he informed me a few days ago that the Cincho-Quinine was giving satisfaction.—J. H. BEECH, *Coldwater, Mich.*

We can now supply SUGAR-COATED CINCHO-QUININE PILLS of three sizes, namely, ½ grain, 2 grains, and 3 grains, in such quantities as are wanted. They are placed in vials holding 100 each. The price is about one-half that of Quinine Pills. Dose the same.

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WHOLE No. 864.] SEPTEMBER 20, 1873. [VOL. XXIX.—No. 12.

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Week ending September 13th, 1873.

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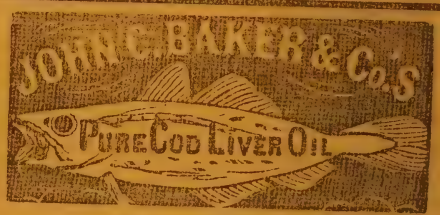

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THE

MEDICAL AND SURGICAL REPORTER.

No. 864.] PHILADELPHIA, SEPT. 20, 1873. [Vol. XXIX.—No. 12.

Original Department.

Communications.

DR. DIEULAFOY'S ASPIRATOR.

We desire to bring more fully to the notice of our readers the Aspirator invented by Dr. Dieulafoy, of Paris, and also the method and results of pneumatic aspiration.

Messrs. *Tiemann & Co.*, of New York City, have kindly loaned us the cut which we introduce and which gives a clear idea of the instrument.

We commence by quoting some remarks on the history, and a description of the Aspirator, from an article in the *New York Medical Journal*, by Dr. James L. Little.

"The Pneumatic Aspirator has been in use in Paris for the past three years. Its invention is claimed by Dr. Dieulafoy, and also by Dr. Potain, of Paris, both having constructed instruments called by their respective names.

"Dr. Protheroe Smith, of London, also claims to be the originator, which claim he sets forth in the *Lancet* of July 11, 1870.

"These instruments, however, are the same in principle, but differ somewhat in their construction.

"The principle involved in this instrument, that of removing fluids from cavities by means of capillary tubes assisted by a suction-pump, so as not to leave an open wound or admit air, has been in use in this country for many years.

"Dr. Bowditch, of Massachusetts, published a paper in the *American Journal of Medical Sciences* in 1852, on the operation of paracentesis thoracis, in which he advocated the puncture of the thoracic cavity with a very small exploring needle about the size of Dieulafoy's No. 3 capillary trocar, and the removal of the fluid by means of a syringe very similar in its construction to the smaller aspirator of Dieulafoy. The principle is the same. The wound thus made being so small, there is no danger of the entrance of air, and no fear of leaving a fistulous opening. He reports fifty cases in which this operation was performed, without any evil results.

"Dr. T. G. Thomas, of this city, has also for many years used a small capillary trocar with a syringe attached, for the purpose of withdrawing fluids from abdominal tumors, to assist in diagnosis.

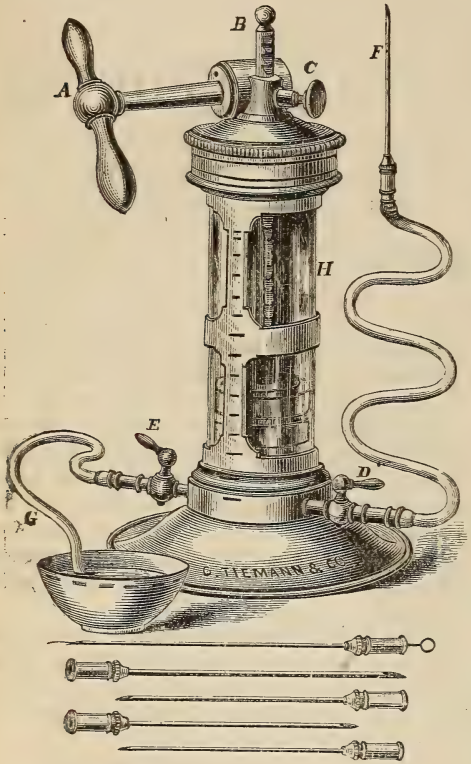
"But, if the principle is not new, we certainly have to thank Dr. Dieulafoy for constructing an instrument which for convenience and safety has not been excelled, and contributing to popularize the operation, thus extending its usefulness.

"The accompanying woodcut shows Dieulafoy's larger aspirator, which is now made by Messrs. Tiemann & Co., of this city.

"This instrument consists of a glass cylinder, H, about 7 inches in height and 2 in diameter, with a tight-fitting piston. The cylinder is partly covered with a casing of German silver, nickel-plated. In front is a graduated scale, showing the amount of contained fluid in grammes, the gramme in this case being used as a measure of capacity and not of weight, each gramme being equal to the space occupied by a cubic centimetre of water, at the temperature of 39.2° Fahr. The cylinder holds 145 grammes, equal to nearly 4 fluid ounces.

"The piston B is raised or lowered by turn-

ing the handle A. Near the bottom of the cylinder are two taps with stop-cocks, D and E. To these are fitted two rubber tubes, as seen in the cut.



"To the extremity of the one connected with D a capillary trocar may be attached. About four inches from this end of the tube is inserted a piece of glass tubing about three inches in length, so as to allow the fluid to be seen passing to the cylinder. This is not shown in the wood-cut.

"The contents of the cylinder are discharged through the rubber tube attached to the tap E.

"The capillary tubes, or trocars as they are called, represented below the instrument, are six in number, sharp-pointed, and of different sizes, the smallest being about the calibre of the tube of the hypodermic syringe, or one-third of a millimetre in diameter, and the largest one and a half millimetre, and all of them four inches in length.

"In addition to these tubes there should be two or three small blunt canulas with trocars, and a detachable handle, so that when the trocar is withdrawn, the canula may be attached to the instrument.

"The manner of using the pneumatic aspirator is as follows:—

"The instrument is first prepared by attaching the rubber tubes to the taps D and E. After selecting the capillary trocar, it is to be connected to the tube attached to the tap D, as represented in the cut. The extremity of the tube G should be placed in a basin, to receive the contents of the cylinder.

"Closing the stop-cocks D and E, the piston is raised by turning the handle A, and is retained in position by the spring C. In this way nearly a perfect vacuum is obtained. The capillary trocar is then introduced with a rotary motion into the part from which the fluid is to be drawn. The stop-cock D is then opened, and the fluid rushes into the cylinder, which, when full, is emptied by closing stop-cock D and opening E, pulling out spring C, and lowering the piston. When this is done, both stop-cocks are again closed, and another aspiration made in the same manner.

"The following practical points should be attended to in using this instrument:—

"1. Be sure that your instrument is in perfect order, that the trocars and tubes are pervious, that the stop-cocks and piston work easily and without leakage.

"2. Oil the needles or trocars before using.

"3. Combine rotation with pressure in introducing the trocar, holding it between the index-finger and the thumb, and introduce slowly, so as to injure the tissues as little as possible.

"Local anæsthesia may be used at the point of puncture if desired. A small nick in the integument, made with the scalpel, will facilitate the introduction of the trocar.

"4. Remove the trocar slowly, and keep up the aspiration during its removal. This prevents the escape of any of the fluid which may remain in the trocar. This is always to be borne in mind whenever the peritoneum is perforated.

"5. After using, carefully wash out the instrument and tubes, and insert fine wire into the sharp-pointed trocar or canula before putting it away.

"6. It is well occasionally to unscrew the top of the cylinder and pour in about half an ounce of sweet oil. This will keep the piston in good order.

"This instrument has been used extensively in Paris by Drs. Dieulafoy, Watelet, Potain, and others, for removing fluids from the pleural cavity in cases of hydrothorax or

empyema; from the cranial cavity in cases of hydrocephalus; from the knee-joint in cases of synovitis; for removing pus from abscesses; for removing gas and the fluid contents of the intestines in cases of strangulated hernia, and thus allowing the gut to be reduced by taxis; also in diagnosticating hydatids and abscesses of the liver and tumors of the abdomen; and, lastly, it has been used for puncturing the bladder above the pubes in retention of urine."

An editorial in the *British Medical Journal*, August 2d, 1873, says:—

"M. Dieulafoy declares that no fluid is too thick to be thus drawn through the fine aspiratory needles, and no part of the body too delicate to be thus operated on. 'I have,' he says, 'thrust these needles into almost every part of the body; into the joints, the liver, the spleen, the bladder, the intestines, the lungs, and the meninges; and I can affirm (and a great number of observers affirm with me) that we have never seen consecutive accidents.' The absolute harmlessness of the aspiratory punctures is what M. Dieulafoy repeatedly insists on throughout his book, and he supports his assertion by a great number of facts.

"His collection of cases is most interesting; and the benefits resulting from this extremely simple and natural mode of procedure are great and indisputable. He records cases in which aspiration was used in the diagnosis and treatment of hydatid cysts of the liver, retention of urine, poisoning, ovarian cysts, hydrocephalus, spina bifida, strangulated hernia, effusions into the pericardium, pleurisy, hydarthrosis, effusions into the serous bursæ, hydrocele of the tunica vaginalis, ascites, abscesses, adenitis, and suppurating buboes.

"In the treatment of hydatid cysts of the liver, retention of urine, strangulated hernia, hydarthrosis, and pleurisy, aspiration has proved of great service. M. Dieulafoy gives seven cases of hydatid cysts and one of abscess of the liver cured by aspiration. In retention of urine the success of this mode of treatment is most marked. M. Dieulafoy reports eighteen cases of retention, arising from a variety of causes, hypertrophy of the prostate, stricture, cancer, injury; and of these thirteen recovered by simply puncturing the distended bladder with the aspiratory needle. In some cases one puncture was sufficient to give relief, and to inaugurate a change in the condition of the patient; in others, repeated punctures at intervals were necessary; and in one case as many as twenty-three punctures were performed without producing any accident. The relief in all cases, even in those which aspiration was unable to cure, was immediate. Twenty-seven cases of strangulated hernia are reported at length. Of these, twenty were cured by aspiration alone; four by the additional aid of kelotomy; and in three, aspiration was insufficient, and the patient died.

"Of the complete harmlessness of aspiratory puncture in hydarthrosis, M. Dieulafoy is quite assured, and in support of this view he brings forward fifty cases of hydarthrosis treated and cured by aspiration. The cases of pleurisy, and the method recommended for cleansing the pleura, are instructive. In the treatment of hydrocephalous and ovarian cysts, aspiration has not proved successful. In cases of poisoning it is almost as yet untried. One interesting case is reported by M. Dieulafoy, in which an infant, six hours old, was poisoned by a dessert-spoonful of laudanum, and from whose stomach the poison was extracted before it had taken fatal effect by means of the aspirator.

Dr. LITTLE used it successfully in a case of distended bladder. His closing remarks on the use of the instrument in general, and in such cases in particular, are as follows:—

"1. The capillary puncture is an operation entirely free from danger.

"2. In all cases it should be substituted for the ordinary hypogastric puncture.

"3. The bladder may be punctured three or four times a day, and replace catheterism in cases where that operation is impossible.

"Now, admitting that the puncture with the capillary trocar is harmless, and, as far as we know of its use in Paris, England, and in this city, no accident has yet resulted from its use, every practical surgeon will see at once the invaluable aid it will furnish in this department of surgery alone.

"In cases of stricture, where retention has come on from a night's debauch, and where we find so much difficulty and lose so much precious time in endeavoring to pass the filiform bougie so as to relieve the patient from his retention, the surgeon may with safety resort to this instrument and thus relieve the patient, and afterward take his time in finding his way through the contracted urethra; and in many cases this will be facilitated by the subsidence of the con-

gestion of the mucous membrane by rest and antiphlogistic treatment.

"In conclusion, I would suggest that, in using this instrument for puncture of the bladder, the following rules should be observed:—

"1. The patient should lie on his back, and, if the bladder is not much distended, the operation will be facilitated by slightly elevating the patient's hips by means of a pillow placed beneath them.

"2. The punctures should be made on or near the median line, from one inch to one inch and a half above the pubes, and should be made each time in a different place. In the case described, the punctures were about a line apart, and extended over an area about half an inch in diameter. Mr. Watelet recommends the No. 2 capillary trocar, but in cases where cystitis exists and the urine is loaded with pus, mucus, or the phosphates, one of the larger trocars may be used with safety.

"3. The bladder may, when necessary, be washed out by filling the cylinder with water from the basin, and reversing the action of the instrument, without withdrawing the trocar from the bladder."

In his recent address, before the British Medical Association, on Surgery, Dr. John Wood says:—

"Among the recent innovations in operative surgery, I have barely time to notice one which 'l'audace' of the French school is applying in a manner which those who have reached the rest and be thankful state in surgery may call daring, if not rash. I refer to the use of the *aspirateur* of M. Dieulafoy to relieve distention by puncture of the bladder in cases of retention of urine, and of the intestine in abdominal obstruction, and in joints affected with hydrops articuli, and even to evacuate the fluid contents in strangulated hernia. In the first named of these conditions, it is no doubt valuable as an adjunct to other remedies. In intestinal obstruction, Demarquay has not found it of much practical use, because of the rapid reformation of flatus, which quite corresponds with my own experience of puncture in desperate cases without the aspirator. In the puncture of joints and in the cure of hydatids, I have used it, but not frequently enough to pronounce upon its capabilities. I have not yet arrived at the measure of audacity to use it in strangulated hernia. It scarcely agrees with my own impression as to the importance of avoiding any injury to the bowel in dealing with strangulated or other herniæ. The propriety and the limits of the use of this instrument are still *sub judice*, and we must wait for more bad consequences following its employment than those which have already occurred, before we can pronounce fairly upon its merits. I am glad to see that the ingenious inventor is to give us a demonstration of the use of this instrument in surgery."

A CASE OF PUERPERAL TETANUS.

BY T. CURTIS SMITH, M. D.,
Of Middleport, O.

On the evening of the 9th of July, 1873, I was called to Mrs. ———, the messenger stating that she was having convulsions and suffering some pain. She was a lady of very delicate constitution, having been an invalid since her first accouchment, twelve years ago, the suffering having begun in metritis, which was badly managed. After her second confinement, nine years ago, she has remained in bed fully half the time. She came first under my care in the summer of 1866, at which time she was suffering from chronic endometritis, and great general and nervous debility. Was again confined in December, 1871, from which she had a good getting up for her. The last confinement occurred on the 10th of July, 1873. She was naturally delicate, of nervous temperament, always despondent, and apparently depressed in mind and body. During her last pregnancy she often said she could never live through it, and made all arrangements for her family after her death.

On arriving at the house, on the 9th inst., I observed that she was having short, quick convulsive attacks, the jaws closing firmly for a minute, the head being thrown back, and great pain in the back of the neck, the extremities rigid. The least move of the clothing, heavy walking, or shutting the door, and even placing my finger on the wrist, would cause one of the convulsions. The intellect was clear all the time, pupils dilated, skin about normal, bowels regular, urine free, tongue lightly furred, otherwise normal. The pains I soon learned were mostly from very slight uterine contraction, but not true labor pains; the pulse, I should have stated, was 120, feeble, but regular. I gave her opium, grs. ij, which controlled the convulsive action and allayed all pain,

though it had to be repeated once through the night. She slept a part of the time very quietly, but was nervous when awake. In the morning I was called about 7 A. M. She had been slightly convulsed just before my arrival, but quiet now. Examination showed labor as having begun. There was no more convulsive action after this till several hours after giving birth to the child. The contractions, however, were feeble till near 1 P. M., when they came on actively and perfectly normal. At 3¼ P. M. labor was completed by giving birth to a seven-pound infant, female. Secundines removed without trouble, uterus well contracted, no hemorrhage during or after labor. As she was feeble stimulants were used throughout the entire day, but not to the point of producing cerebral excitement. I left the house about 5 P. M., patient comfortable, but feeble. At 7 P. M. was called, and found her strongly convulsed. The jaws were firmly set, extremities rigid, and there was very well marked opisthotonos, pulse 130, irregular and weak, intellect perfectly clear, pupils dilated, skin moist. The convulsive action was short, but would be repeated upon any very slight movement or sudden noise, moving the clothing or rapid fanning. Found uterus well contracted, and no evidence of hemorrhage. I repeated the opium, and directed it to be continued from one to two hours apart, as required, and the stimulus to be increased. At 8 P. M. apparently considerably better. Treatment continued. At 11 P. M. same. About 12, midnight, a sharp thunder storm came up, and the patient would have a severe convulsion at every flash of lightning or roar of thunder. In these the jaws would set firmly and extremities rigid, the opisthotonos so strongly marked that the weight rested on the head and feet, the spine being strongly curved backward. Intellect clear to the very last. At 1 P. M. she expired in a severe tetanoid convulsion. There had not been in this case any anasarca or scant secretion of urine, as is often the case before puerperal eclampsia. The spasmodic muscular action was regular and the same each time, differing only in severity, being clearly tetanic in character. The mental faculties were remarkably clear throughout, and no turgescence of force occurred at any time. The urine was not tested.

In ordinary puerperal eclampsia we expect a different type of symptoms. We often have the anasarca, and scant urine, and vertigo, all absent here. The spasmodic muscular action is also very irregular in its approach, and does not usually affect the spinal more than other muscles. The jaws are often set, but there are also many irregular contortions and facial grimaces, with wild look, rolling of eyes, foaming at mouth, congestion of face, throbbing carotids and raised jugulars. In this instance the jaws were set, but none of the other symptoms were present. The mental faculties, too, in ordinary eclampsia are usually lost during the convulsion, and the patient is totally or partially unconscious. In this case the reverse prevailed. In short, there were but very few symptoms of puerperal eclampsia, while every symptom necessary to constitute a case of tetanus was present.

Editorial Department.

Periscope.

On Apomorphine.

This preparation is described as follows in the London *Medical Record*:—

Dr. Matthiessen converted morphine into a new base, which he termed apomorphine. He obtained it by heating morphine in a closed tube for several hours at 140° to 150°, with excess of hydrochloric acid. According to Dr. Matthiessen, the product is separated from the acid solution, the solution is diluted with water, precipitated by excess of bicarbonate of soda, and afterwards by ether or chloroform. If the solution be agitated with a little concentrated hydrochloric acid, the sides of the vessel become covered with crystals of chloride of apomorphine. The chloride should be recrystallized, and if it be desired to obtain the base itself, it is necessary to precipitate with bicarbonate of soda. Apomorphine differs from morphine in that it contains less water, is oxidized by air, and turns green.

According to Dr. Matthiessen, 1.0 gr. of

apomorphine administered internally or by the subcutaneous method produces vomiting in about ten minutes. This vomiting is followed by a state of depression which soon passes away without producing any ill effects.

This interesting derivative of morphine has recently been submitted to a physiological examination by M. V. Liebert. His researches essentially confirm the opinions held in England with regard to the physiological properties of the new base. The English product is not a pure crystalline mass, it is in the form of greenish grey powder with occasionally ill-defined microscopic crystals; it forms with water a colorless solution, which upon standing for some hours turns an emerald green. If a drop of this solution is allowed to evaporate upon the object glass of the microscope, there appear little groups of crystals, colorless at first, which turn green in a few minutes. The mass is equally soluble in alcohol, and the concentrated solution deposits crystals which rapidly become green. M. Liebert has observed that the blood-red color which is obtained by the addition of concentrated nitric acid does not disappear under the influence of heat, but on the contrary becomes more marked. Hydrochloric acid produces a brownish red color.

Chloride of apomorphine solution is colored a brownish green by caustic alkalies; when concentrated sulphuric acid is added, the liquid takes a rose tint, and afterwards loses its color. In the preparation of apomorphine, there remains in the tube, where morphine has been heated with hydrochloric acid, a deposit which is formed at the bottom of the liquid, and to dissolve which a large quantity of water is necessary.

Dr. Matthiessen recommended the use of hydrochloric acid containing 35 per cent. gaseous acid, but M. Liebert found that there resulted a partial decomposition of the salt of apomorphine formed, and it was more advantageous to use acid at 25 per cent. One disadvantage in the method of preparing this new base is the large quantity of water requisite to dissolve the deposit in the tube and to dilute the acid, and, on the other hand, the large quantity of bicarbonate of soda necessary to precipitate the base.

Apomorphine is slightly soluble in water.

M. Liebert has not been able to recrystallize the chloride of amorphine in the manner indicated by Dr. Matthiessen; evaporation gives only a concentrated alcoholic solution of the chloride. He obtained also colorless crystals mingled with the brown mass. *En resume*, it results that from the moment of its formation the new base is decomposed with facility, that even in the necessary operations for its preparation it is partially decomposed, and that, if a state of purity be attained, the composition is very variable. Its preparation is then a difficult operation, which gives only a small yield of the pure substance (5 per cent. of the morphine employed).

M. Liebert finds no difference between the physiological action of crystalline apomorphine and that of the amorphous chloride. It would appear consequently better in therapeutic practice to employ the amorphous chloride precipitated from the etherial solution, without seeking to recrystallize it.

Position in Labor.

Dr. J. W. SMITH has an article on this subject in the Chicago *Medical Examiner*, from which we make the following extract:

The philosophy of position is based upon gravity and muscular action, including contraction and relaxation. The key-note, or axiom, so to speak, of correct position, is the fact that the fundus of the gravid uterus, in its normal state, is *movable* to a certain extent in nearly all cases, when not obstructed. The field for the application of this principle is almost unlimited, and will vary to some extent in every individual case.

HOW TO DETERMINE THE PROPER POSITION.

The directions how to decide as to the proper position had better be explicit; and to save time and space we will avoid all technicalities and proceed at once to explain how it is possible to decide upon the position in which the parturient powers will most quickly, easily and safely overcome the natural resistance. External abdominal examination often aids in diagnosis, and should not be omitted in doubtful cases, but is not usually as reliable as that per vaginum.

Suppose that we cannot tell the exact presentation, or that we can, and in either case that the presenting part is found to impinge or press most strongly upon or towards the *left* side of the pelvis, and even while the os does sometimes point, so to speak, to the *right* side of the median line of the pelvis. These two things occurring together may be said to be contradictory, and they do appear so at first observation, that is, the os inclining to the right, and the bulk of the fœtus to the left side of the pelvis. To decide accurately, before or after the full dilatation of the uterus, a gentle upward pressure of the fœtus by the finger, between pains, will often be necessary. The finger can then be passed from side to side, and thus determine *which side of the pelvis is most filled* or *pressed upon by the presenting part.* If, as supposed, the presenting portion presses most directly upon, or to the left side of, the pelvis, and, as stated, independently of the position of the os, that side, upon the left, is the position in which it will uniformly be found in practice best to place the patient; if to the right, the position should be upon that side. This is very easy to remember.

When placed upon the side, as indicated, it will often make all difference *how* the woman is placed, at least during a portion of the time, occasional changes of position being admissible, and sometimes necessary in the earlier stages to prevent too great fatigue or disgust with any one position. The woman's head should be low, the fundus moving more freely by gravity when it is so;

the thighs and knees flexed; the feet supported, if preferred; and the arm that is under side placed either wholly back of the body, or, which is often easier, the elbow sharply flexed, and only the hand allowed to rest in front of the chest. She will then be partly upon her face, as in the position for using Sim's speculum, and cannot easily turn upon her back, as otherwise she would be likely to do, and thus defeat the full advantage of position. The knees, in the latter stages of labor, had better be supported by an assistant, or by a pillow or quilt firmly rolled together and placed between them.

In many cases of tedious labor, after the *proper* position is assumed, such position, and a single pain or two, if strong, will often bring the fœtus into the proper axis of the pelvis, and thus rapidly complete the labor. When the effect is not so rapid, and some other position is preferred, it can be assumed without detriment, after the cause of delay has been overcome.

ABDOMINAL SUPPORT.

In case of obliquity, pendulous abdomen, uterine inertia, etc., a wide bandage or support is often a great help, and sometimes necessary, in addition to the best position. It can be readily extemporized, and while it may not be as convenient as some specially designed, with me it has answered admirably. It should be about two yards in length, from twelve to eighteen inches wide, and made of strong material. Two towels can be sewed together, or a sheet torn lengthwise and doubled once in the same direction.

HOW TO USE IT.

In lateral obliquity it is always best, and sometimes in other cases, to place the woman upon her side, as already described, with the centre of the bandage passed evenly across the abdominal prominence, with one end carried under and the other over, and both behind the patient, so that the two ends can be firmly grasped together by one or both hands, usually best by the physician, and steady pressure can then be made across and around the abdomen during each pain. To make such pressure reliable, will require the counter support of the back at the same time, and this can often be made the most certainly and easily by the foot or knee of the person holding the bandage, a pillow or other soft support being first placed against the back, and, if room, the person sitting upon or standing at the side of the bed, while the abdominal pressure is applied by the bandage. The two forces can thus be made to act together and keep the woman in the desired position, while varying the amount and direction of the support, as is indicated. The bandage should be seized near the ends, to prevent too great compression of the sides of the woman. To aid sufficiently in some cases, may require the application of the bandage continuously for a length of time, or only occasionally and during a few pains. Posterior obliquity, as in pendulous abdomen, can sometimes be corrected by dorsal position, elevation of the hips, and external pressure by the hands; but experience teaches that the side position and bandage is often most effectual in those cases. Uterine inertia can sometimes be overcome by elevating the shoulders and pressure with the hands, but the kneeling or standing posture alone is sometimes sufficient and even preferable, the patient to be supported under the arms by two assistants during each pain.

SUMMARY OF DIRECTIONS.

To epitomize or briefly recapitulate the foregoing directions:—Most cases have a lateral obliquity or pressure, so to speak, and if the presenting part crowds upon, or most nearly fills one side of the pelvis, then upon that side is the proper position. If towards the hollow of the sacrum, place the woman upon her back, elevate the hips, and, if necessary, use external pressure. If towards the sacrum, and one side, better place her upon that side, observing the arm is in position; and, if necessary, apply the bandage and support the back. If upon or towards the symphysis pubis, place her in a kneeling and almost horizontal posture, and, if necessary, upon the knees and face for a short time.

Formerly I was partial to the position upon the back, as I thought it easy and convenient, but observation convinced me that the large majority of cases do the best upon one side or the other. It seems to most readily correct and overcome the slight obliquity which often prevents or delays the fœtus from freely entering the pelvis, and sometimes retards or "locks" it in its passage through it. I think the peritoneum is safer when upon the side, even if the labor is quicker, as the strong, voluntary pains, when upon the back, are most likely to cause rupture.

Cases and Method of Skin Grafting.

In a recent number of the *British Medical Journal* a report is given, from the Royal Infirmary of Edinburgh, of Mr. J. BELL'S method of skin grafting.

In procuring portions of skin for grafting, Mr. Bell takes them from some sound part of the patient's body, preferably from the arm. A piece of skin is pinched up by a pair of common catch-forceps, and cut off to the required size with a pair of scissors. This piece is divided into smaller pieces about the size of a grain of rice, and is planted among the granulations of the ulcer by means of a probe, one small piece being sufficient for about a square inch of surface. Over each of the grafts is laid a piece of gutta-percha tissue, half a square inch in size, previously dipped in some antiseptic solution. The ulcer is then covered by two layers of similar pieces of gutta-percha tissue placed on each other in an imbricated manner, and over these a dressing of antiseptic gauze and a bandage. This dressing is not removed for two or three days, when it is replaced as at first. To insure success before grafting, the ulcers should be free

from fœtor, and the dressings should be changed under spray. The advantages of this method of grafting are alleged to be, that no special apparatus is required; that it is extremely simple; and that, by the movement of the pieces of gutta-percha on each other, the grafts are protected from all sources of disturbance.

The following four cases are selected as examples of the application of this method of dressing.

Case 1.—Mrs. W., aged 53, had scirrhus tumor removed from the left breast on May 15th, 1872. The lower flap of skin sloughed away, leaving a weak ulcer of the size of a man's hand. On June 17th four grafts were applied. The ulcer was healed on July 13th.

Case 2.—Robina R., aged 19, was admitted on August 21st, 1872, suffering from a large ulcer extending from the knee to the ankle. She was very weak and anæmic, and the ulcers were very fœtid. Charcoal poultices were applied for a few days, after which gauze dressing was applied. Grafts were applied on September 27th. The ulcer was healed on November 7th.

Case 3.—Frances P., aged 37, was admitted on January 11th, 1873, with ulcers on both legs. The ulcer on the left leg measured four by four inches, that on the right was about half as large. Solution of chloride of zinc (forty grains to an ounce) was applied, and then antiseptic dressing. Grafts were applied to the ulcer on the left leg on January 23d. She was discharged cured on February 6th. The ulcer which was grafted, although twice the size of the other, was healed first.

Case 4.—John B., aged 61, was admitted on January 16th, 1873, with a callous ulcer, measuring seven by four inches, on his left foot and ankle. He had suffered from this ulcer for fourteen years. A blister was applied to the edges, and the sore was afterwards dressed antiseptically. Grafts were applied on February 14th. The grafts did not take root from the unhealthy condition of the granulations. Grafts were again applied on March 14th. The ulcer healed rapidly, cicatrizing from the grafts, and was healed on April 25th.

On Contractions of the Extremities.

The eminent pædiatrist, Dr. M. BUCHUT, of Paris, says, in a lecture translated in the *London Medical Record*:—

Besides cerebral contractions, and besides those produced by meningitis, there is a *tetanic* or essential contraction of the extremities. This affection is well called, on account of its likeness at first sight to tetanus. It comes on in children or in adults, either in the hands or in the feet, and is called essential because the lesion causing it is not understood. It is, according to M. Buchut, aspinal hyperæmia; but let us leave alone the question of its nature, and occupy ourselves only with the phenomena.

We meet with this affection in the course of certain acute diseases, in the course of lactation in nurses, at the end of lactation, when the women become nervous, during convalescence in cholera, whilst we notice the stiffness of the feet and hands, against which the experimental use of metallic cloth has been made. This tetanic is also noticed in typhoid fever.

We have, also, a contraction which is connected with no acute affection, and it is of this last that I desire to speak at present.

On Saturday this child, whom you all saw washing its hands, was seized all at once with contraction. The hands became closed, red and swollen. Note that this is the first time that the patient has exhibited this phenomenon. She does not present any appearance of approaching puberty, and the mammæ are rudimentary. She has no loss of consciousness, no epileptiform, or epileptic, or hysterical seizures. Sometimes she mentions feeling stifled, but there is no sensation of œsophagisme (globus); she neither cries nor laughs without cause, so that there is nothing hysterical. Thus the contraction is seen in a child who has had no diseases.

Insensibility is partial, and does not mount higher than the wrists; besides which, we must notice that this contraction or tetanic, does not present its habitual form. In fact, in this case we have the fingers strongly flexed; besides which only one first is attacked, and then there is anæsthesia. These three exceptions also prove the difference which exists between the different kinds of contraction.

We have then to do with a species of hysteria commencing at the age of ten, and which further on takes more or less remarkable appearances.

Against this affection practitioners have employed all the anti-spasmodics of the pharmacopœia, all the narcotics, chloroform, chloral, belladonna, musc, etc., and then suddenly a remedy succeeds, of which the mechanism is rather marvelous, but which I explain by physical considerations. This remedy consists in an alloy of brass, which we place on the patient in the form of a chain, or made into stays, rings, and bracelets.

This remedy is not my own, it is due to Dr. Franck. When I was, in 1849, head of Rostau's Clinique, in our cholera ward, we made some experiments on an Alsacian woman; we put bracelets on her arms and her hands opened, but when these were removed, the contraction reappeared; we again replaced them, and the hands again opened.

The skeptics, and those who turn away their head from all new remedies, or those who do not wish to see clearly, have amused themselves, and without reason, with this, which they did not understand nor desire to understand; as to myself, wherever anything good appears, I take it, I make no noise about it, and do not call it miraculous; we had to do with a physical cure.

M. Brunck was despised at one time, was laughed at, for curing anæsthesia by iron and copper, and hysteria by iron. For myself, at that time, I wished to see and try, and

one day anæsthesia of the elbow supervening in a medical student after erysipelas, I took a key, and ran it over the fingers from the wrist to the nails, when sensation returned. Since then I have made a trial with iron, but obtained few results. I have also tried copper on convulsive attacks. Thus, at Comberois, being sent for to see the daughter of a rich bleacher of that town, I made them place on her abdomen the lid of a copper saucepan, with the copper side to her, and she recovered.

A physician ought not to be too skeptical, and ought to believe in such things, and not only in tartarine antimony or ipecacuanha. There is a moral remedy as well as a physical one sometimes. We ought not to reject the part of an influence which certain agents possess, although they seem miraculous.

I sum up by saying that this affection which I have been lecturing on is a nervous one, curable by all kinds of medicines, and sometimes without any. What I have done this morning I have done for some twenty years, and we have to do simply with an electric current; as to its miraculous action, I have never believed in it, nor do I now. We have to do with the action of a metal on the skin, which disengages electricity.

Phosphorus in Neuralgia.

In *The Practitioner*, July, 1873, Dr. J. A. Thompson has an article on phosphorus in neuralgia. He records eighteen cases, and arranges them in three classes: "acute primary attacks; acute recurrent attacks; and chronic cases." Six cases occur in each class. In the first class the ages ranged between twenty-five and forty-six; in the second between thirty and sixty; in the third between twenty-four and forty. Some of the patients suffered from trigeminal, some from cervico-occipital, some from cervico-brachial neuralgia; and one in the second class from sciatica. All the cases in the first two classes were cured. Of the third class, three were cured (one patient had been afflicted sixteen years without a week's freedom from pain); two (both consumptive), were relieved; and one uncomplicated case, a woman, aged forty, with affection of the fifth nerve, of ten months' duration, was unbenefited, although she was treated for fifteen days. As might be expected, the chronic cases take longest to cure, but, in all the cases benefited, relief followed the first few doses.

The author employs large doses. He says, "To prescribe less than one-twentieth of a grain in the first place is to render its therapeutic action apparently variable or uncertain." He now invariably begins with one-twelfth of a grain every four hours.

He has employed phosphorus in various combinations, dissolved in oil, in ether, in chloroform, in spirit, and prefers a tincture made by dissolving the phosphorus in absolute alcohol with the assistance of heat. He says, "The most convenient proportion for dispensing is, phosphorus one grain; absolute alcohol three drachms. This mixture will, I know, retain its powers for six weeks." The following is his method of employing it: Tincture of phosphorus, three drachms; rectified spirit, two drachms; spirits of peppermint, half a drachm; water to six ounces.

This mixture, being unstable, should be compounded every day. The author prefers the above form to capsules or pills.

[Dr. PERCY'S alkaloidal form of phosphorus, described in the last volume of the *Transactions American Medical Association*, 1872, would probably answer better.—EDS. REPORTER.]

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Appropriate to the cholera alarm which is prevailing in various parts of our country is the republication from the *Medical Times* of an essay on Epidemic or Malignant Cholera, by Prof. Alfred Stillé. Philadelphia, J. B. Lippincott & Co.

——Several recent improvements in ophthalmic surgery relating to the treatment of strabismus, polyopia, iritis, etc., are discussed in an essay read before the Kentucky State Medical Society, by Dr. D. S. Reynolds. Louisville, John P. Morton & Co.

——Three cases of Imperforate Anus are described, with remarks by Dr. J. B. POOLEY, Yonkers, New York, in a reprint from the *American Journal of Obstetrics*.

The same author has also treated the subject of Naevus in a reprint from the New York *Medical Journal*, D. Appleton & Co., New York; and a case of epithelioma of the cheek and lower eyelid, with its removal and blepharoplasty, reprinted from the Archives of Opthalmology and Otology. New York, Wm. Wood & Co.

——Law and Intelligence in Nature, and the Improvement of the Race According to Law, is the subject of an interesting address delivered before the Michigan State Medical Society last June, by the President, Dr. A. B. Palmer, of Ann Arbor, Michigan.

——The prize essay of the Alumni Association of the College of Physicians and Surgeons, New York, was Dr. Andrew H. Smith's paper on The Effects of High Atmospheric Pressure, including the Caisson Disease. It is a valuable essay, replete with original observation.

——Varicocele and its Radical Cure, a reprint from the New York *Medical Journal*, by Dr. Octavius A. White, will be found a suggestive addition to the surgery of this common lesion. D. Appleton & Co.

BOOK NOTICES.

The Hand-Book for Midwives. By Henry Fly Smith, B.A., M.B, etc. Boston, James Campbell. 1 vol., 12mo, pp. 158. For sale by Lindsay & Blakiston. Price $1.75.

This is an excellent compendium of instruction for the midwife, written in familiar language, well arranged in its parts, sufficiently illustrated, and handsomely printed. A general anatomical sketch of the human body is given, and an exact description of the parts concerned in conception, pregnancy and delivery. The management of natural labor and the puerperal condition are minutely described. The signs which demand the attention of the professional accoucheur are noted, and in the fourth part several useful chapters are given on the management of the patient during the lying-in week, the proper care of the infant, and the various symptoms of diseases incident to lying-in which demand medical treatment. The general study of the book among monthly nurses would greatly aid them in the performance of their duties.

A Treatise on General Pathology and its Relation to Practical Medicine. By Charles L. Carter, M.D., etc. St. Louis, Geo. Knapp & Co., 1867.

This work, which we have occasion to notice somewhat late, treats of the etiology and elements of disease, the pathological and quantitative changes in the blood, their causes and results, the idiopathic fevers, the peculiarly blood diseases, their general therapeutics and allied topics.

Six Months under the Red Cross with the French Army. By George Halstead Borland, M.D. Ex-Chirugien de l'Armée Française. Cincinnati, Robert Clarke & Co., 1873. 1 vol., 8vo, pp. 232. Price $1.50.

The author was an Assistant Surgeon Major in the Army of the Rhine, and took a share in the siege of Metz, and saw much of active service in the disastrous Summer of 1872. The notes taken on the spot, in camp, in battle, in hospital, are here published without pretence to effect, and have about them the vividness and freshness which mere artistic polishing could never add. They have a historical value as a narrative of facts, and an absorbing interest to the reader who delights to be stirred by the emotions of danger and adventure.

As written by a medical man who always felt uppermost the duties of his profession and position, they have an increased charm to members of our profession, especially perhaps to those of us who are no strangers to the tented field, and who know by experience the sights and sensations of fields of carnage. We recommend this work heartily as one that will more than repay perusal, both in pleasure and profitable information.

Clinical Electro-Therapeutics, Medical and Surgical. A Hand-book for Physicians in the Treatment of Nervous and other Diseases. By Allan McLane Hamilton, M.D., etc. With numerous illustrations. New York, D. Appleton & Co., 1873. Cloth, 8vo, pp. 185. For sale by J. B. Lippincott & Co.

This book is set forth by its author without any pretence to advancing novelties, but as a "compilation of well-tried measures and important cases," and as "a simple guide for the general practitioner." The end we think is successfully attained, and to those who wish such a guide, none better in the same compass has recently appeared.

It commences with two chapters on electro-physics, especially the laws of the induced current. From this the writer passes to electro-physiology, especially the phenomena of the two currents in their action on animal tissue. This is followed by general electro-therapeutics when, after some general considerations, the uses of galvanization and faradization are detailed, and their advantages in treatment and diagnosis explained. The remainder of the book, about two-thirds of the whole volume, is given up to electro-therapeutics, being the employment of this agent in paralysis, hyperæsthesia, convulsive diseases, tumors, etc. Electrolysis and galvanocausty each receive a chapter. The appendix explains the management of batteries and apparatus.

The illustrations are abundant, the paper of fine quality, and the print clear, so that the manufacture of the book is throughout satisfactory.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPT. 20, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

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We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

ANTISEPTIC SURGERY.

The doctrine so earnestly advocated by Professor LISTER and Dr. SANSOM is one which has rightly attracted the earnest attention of surgeons within the last few years.

It was originally developed by LE MAIRE, in 1860 and 1865, in the use of coal tar and its derivatives in dressing wounds. Professor LISTER, in 1870, however, was the first to connect it definitely with the theory of atmospheric germs, and to elevate it into a distinct method in surgery. It is now undergoing a careful test in the clinical wards of Europe and this country, and its novelty, as well as its alleged success, demand for it an unusual degree of attention on the part of the profession.

In this connection we are permitted to make an interesting extract from a private letter from Dr. S. MARKS, of Milwaukie, kindly placed at our disposal. He writes of Glasgow:—

"I visited the Royal Infirmary, the largest hospital in the city, and was kindly received by the attending physicians and surgeons. The buildings are of stone, divided into thirty-two wards, and have capacity for six hundred and eighty patients. There are five physicians, five surgeons, and one physician who devotes his entire time to the treatment of fevers, besides the consulting physicians and surgeons. The wards are clean, well lighted and ventilated, and entirely free from that smell we often find in large hospitals; they are heated by means of open grates, located on either side of a large chimney in the centre of the ward.

"The antiseptic treatment is well thought of in this institution, and thoroughly carried out. Open ulcers are washed with a solution of carbolic acid, strength one to forty, and allowed to dry in the sun; if a cloudy day, before the fire. All the cases of this kind that I saw seemed to be doing well.

"I noticed that the long, straight, wood splint is mostly used for dressing simple fractures of the femur.

"Fractures of the leg and arm are dressed with wood splints, well padded with bran bags.

"At Edinburgh I visited the Royal Infirmary (everything in this country has *a royal prefix*) and was introduced to Prof. JOS. BELL, lecturer on surgery, and one of the surgeons to the Infirmary. I accompanied him, with several other medical men from America, through his wards. He is a pleasant speaker, and had many interesting cases to show us. Among them was a case where the ends of bones entering into the formation of the knee-joint had been excised under the carbolic acid spray, and the wound entirely healed without the discharge of a drop of pus. The dressing used after the operation was that recommended by LISTER. After passing through Prof. BELL'S wards, I was shown into the operating arena, where stood the great LISTER, the father of antiseptic treatment, who was about to excise a portion of the radius and ulna in a young man. The patient I judged to be about twenty years of age, who, ten months since, fractured the radius, and at the time of the operation, there was not the least union. The parts to be operated upon were kept covered with carbolic acid spray — strength one to a hundred—during the entire operation, which lasted considerably over an hour. The spray was thrown upon the parts by means of a pump attached to an atomizer and worked by one of the students. Every instrument, wire and ligature used in the operation were bathed in the carbolic acid solution, of the above-named strength. The operation was performed with the utmost care in every particular. The wound

was dressed with silk, prepared after LISTER'S formula, for the purpose of excluding the air. Over this, splints were applied and secured by means of a roller, saturated in carbolic acid. Over all, many thicknesses of gauze, also prepared after LISTER'S formula, were applied, and the patient placed in bed. I am aware that many in our section of the country believe carbolic acid has been greatly over-estimated as a remedy in the treatment of wounds after accidents and operations. I for one am not prepared to express an opinion, as I am confident it has not received a fair trial in my hands; at least I have not used it as it is used at this time in Scotland."

The method, in its most recent developments, has also received a careful appreciation in the address in surgery before the last meeting of the British Medical Association, by Mr. JOHN WOOD, Professor of Surgery in King's College, and the evident pains he has taken to form an unbiased opinion will, we know, justify us to our readers in making a pretty long extract from his conclusions in reference to some of the more frequent surgical diseases.

In reference to the method in erysipelas he says:—

"Erysipelas does not seem to be much influenced by antiseptic measures. Such cases as are recorded by M. Chédevergue as an instance of the detergent power of alcohol as a topical application, viz., of erysipelas appearing upon the body of a patient, but not at all invading the wound itself, have several times occurred to me, and I dare say to most surgeons; and it proves no more than that erysipelas is a constitutional disease; and that, though usually, like scarlatina, when happening to wounded patients, showing itself first at the wounded part, it does not invariably do so. But when

> 'The life of all the blood
> Is touched corruptibly,'

and pyæmic symptoms force upon us the momentous question, "What should we do to save the patient? and can we do anything?" the answer which was made to me by a surgeon of experience in a case in which the patient got well, "You can do nothing, it is useless trying," would, I suspect, be given by many. In at least four cases of undoubted pyæmic infection, as evidenced by rigors, exacerbations of temperature, secondary abscesses, and lobular pneumonia, the treatment to which I subjected my patients, with little better hopes at first than those which drift into the law of neglect I have alluded to, was attended with success. They were far from being slight cases; and I had not the advantage of being able to send them away to the benefits of purer air and beyond the reach of hospital influences, as so powerfully inculcated by the teaching of Sir James Paget.

"Besides persevering in the antiseptic local treatment, and giving free access of fresh air, I surrounded my patient with a highly antiseptic atmosphere, by placing muslin bags of McDougall's powder around and within the bed, and an abundance about the wound, so that he should both breathe the carbolic and sulphurous vapor, and imbibe it as far as possible through the skin. If the stomach were not feeble or irritable, but able to take abundant nourishment (the primary element of restoration), I also gave three to six grain doses of the sulpho-carbolate of iron, with a view of testing the practice so ably advocated by my friend Dr. Sansom. I took care, as far as possible, not to give the drug soon after nourishment was taken, so as not to interfere with the first stage of digestion, and I discontinued it at once if the appetite fell off, or there was pain after taking it. Three of the cases showed, in from a week to ten days' time, that peculiar slate-colored or olive green coloration of the urine, the cause of which was attributed in a description given by me of one of these cases (in 1868), after a chemical examination by the late Professor Miller, to a modification of the yellow coloring matter of the urine by the action of the carbolic acid upon it. This curious change was first observed, it is said, by Mr. Berkeley Hill, and has been noticed by Drs. Fuller, Stevenson, and Wallace. These four cases completely recovered; but I am bound to say that in some others, not apparently more serious, but perhaps more insidious, the patients died quite as comfortably as under any other plan, whether officious or let-alone in character.

"I believe that cases of recovery frequently occur under other methods, or no methods, and that at least as much depends upon the age and reparative power of the patient, the amount of blood-poison formed or absorbed,

and the general conditions of the atmosphere, as upon any system of treatment whatever."

As a practical method in treating open wounds he speaks of it as follows:—

"I began it at a time when the hospital was in a good hygienic condition, and the cases for that time did admirably. I had some cases quite equal to any described by Professor Lister himself. I, at the same time, tried the application of dry lint, without any moisture whatever, to the wound, and in many cases, especially in breast cases, the results were also perfect. In one breast case union by adhesion occurred throughout the wound. I also tried the application of the chloride of zinc solution in the manner originated by Mr. De Morgan, and very good results ensued, viz., healing with the formation of little or no pus. After about six months, there came into the hospital a very unfavorable change, and, from inquiries made at the time, I concluded that a similar condition prevailed in most or all the London hospitals. Erysipelas and its concomitant pyæmia began to show themselves, the former not springing up in the hospital itself, but imported with patients. The wounds now began to suppurate more, primary healing was less common, and the erysipelatous blush appeared with blameworthy impartiality in cases treated in all kinds of ways, and almost as impartially on my own antiseptic side of the hospital as on my colleague, Sir William Fergusson's, non-antiseptic side. But this I feel bound to say, that there was little or no putrefaction, as evidenced by the odor, in any of my cases, which my eminent colleague shrewdly attributed to the carbolic smell overpowering all others. Upon this point, however, I must say I did not agree with him. I had one case of amputation of the thigh for a tumor of the lower end of the femur, in a man about 60. I treated it by Lister's method, carefully carried out, and, from beginning to end, there was very little discharge and no putrid or offensive smell whatever; but the wound did not heal, the end of the bone remained unadherent and devoid of granulations, and the man lingered for two months in a declining and emaciated state, and finally succumbed to chronic pyæmia with secondary abscesses in various parts. The occurrence of many other cases similar in character to this has convinced me that the agencies, whatever they are, in pyæmia, operate in the general system, or, if through the atmosphere, in other channels besides the wounded part, as in cases of pyæmic poisoning from deep internal glandular pus deposits and in other acute and chronic tubercular affections.

"Some time afterwards I had a case of compound fracture of the tibia and fibula, with a limited aperture in the skin, in a man nearly 70 years of age. I put it up carefully in Lister's method, carbolic spray, prepared gauze and jacquinette, complete. On dressing it several days afterwards, suppuration was found to have occurred, and the pus had accumulated considerably in the dressings. The treatment was continued, and kept the wound free from all unpleasantness, but still the amount of suppuration was very considerable. There was burrowing of pus along the muscles and bones, and a total want of union. In this case I was ultimately obliged to amputate below the knee. The amputation wound was also treated antiseptically, but still the amount of pus was considerable, and, although from the man's age and reduced condition the progress of healing by granulation was slow, the case did ultimately exceedingly well, and made an excellent stump."

Finally, we shall give his opinions of the advantages of the plan in the treatment of psoas abscess.

"In some cases of psoas abscess treated by Lister's method we had marked success so long as the hospital was healthy. When erysipelas and pyæmia appeared, however, we had others in which the pus in the abscess became putrid and offensive after the first evacuation under the spray and with all the precautions, and I was obliged to make free openings and introduce drainage tubes through which the abscess could be washed out thoroughly with antiseptic. Such cases show that we cannot without danger depart, in the generality of wounds, from the old rule of providing a free exit for all purulent and offensive discharges, and, for the want of this, the exclusion of air is not a sufficient compensation. I cannot, consequently, approve of the plans originated by Baron Larrey and followed by Gosselin, and, more lately, by J. Guerin and Maisonneuve, of "occlusion pneumatique," the amount of resemblance to which, in Lister's method, constitutes, it seems to me, some part of its deficiencies. To a great ex-

tent, this objection also exists to the plan followed during the second siege of Paris, by Alphonse Guerin, of using thick investments of compressed cotton wool after washing the wound with alcohol, and then leaving it, without disturbance or removal of the deeper layers, for periods varying from a fortnight to two months, or even more. This plan for keeping from the wound injurious atmospheric influences seems to have been deduced from Professor Tyndall's experiments upon the purifying results of the cotton filter of Pasteur. It was shown by Hervey that, as used by Guerin, it neither prevented putrefaction and fætor in the wound, nor the formation of abundance of microzoa therein. Here again, we have instances of the propriety of that regular and systematic inspection of wounds which the practice of hermetically sealing them up prevents us from obtaining."

These various observations will place our readers *au niveau de la situation*, so far as the antiseptic treatment is concerned, at least in its surgical aspect, as judged by observers who have no pet hypothesis to sustain. Our own conclusion is that the results show, on the whole, that in it we have an addition to surgical therapeutics that, as Milton said of his works, "the world will not willingly let die."

Notes and Comments.

Cholera Hints.

IMPURE WATER AND CHOLERA IN INDIA.

Dr. F. Macnamara publishes, in the *Indian Medical Gazette*, a very interesting report on the water supplied from the Calcutta hydrants during 1872. A column added to this report shows the number of deaths from cholera throughout the year. So long as the water remained pure, the death-rate from this disease continued low; but immediately the water supplied by the Calcutta municipal works became very impure, that is to say, from the end of September until the termination of the year, the death-rate from cholera ran up to a figure corresponding to what it used to be, when many of the inhabitants consumed badly filtered river and tank water. The truth appears to be that, from the middle of September, 1872, up to within a very recent date, the drinking water contained a dangerous amount of organic matter, which found its way into the water after the stream had passed through the Pulta filtering works.

Effect of Oxygen and Carbon on Plants.

Professor Joseph Bohm has communicated to the Academy of Sciences of Vienna some curious and interesting observations in vegetable physiology. He has found that young plants produced from seeds germinating in pure oxygen gas of ordinary density speedily die, although they continue to consume oxygen to as great an extent as when they are growing in atmospheric air. The young plants thrive, however, in pure oxygen when the density of the latter is reduced so as to represent only a pressure of about six inches of mercury, or when pure oxygen of ordinary density is mixed with four-fifths of its volume of hydrogen. Professor Bohm has also investigated the action of carbon upon the growth and greenness of plants, and found that an intermixture of only two per cent. of carbonic acid in the air in which plants are growing suffices to retard the formation of green coloring matter (chlorophyl), and that the process is almost or entirely suppressed in an atmosphere containing twenty per cent. of this gas. No germination of seeds took place in an atmosphere consisting of one-half carbonic acid. From his experiments the Professor concludes that either the atmosphere of our planet was much richer in carbonic acid than at present in early geological periods, especially during the formation of coal deposits, or the plants of those periods, in their relation to carbonic acid, must have been very differently constituted from their existing descendants.

Typhoid Fever from Milk.

A severe epidemic of typhoid fever in London recently, led to a careful examination to detect the cause. It was discovered, in the first place, that typhoid fever had recently existed, and, indeed, at the time of inspection did exist, on a farm from which the milk was supplied; and secondly, that the water used for washing the milk-cans and churns was polluted most probably by the privy and farm-yard. In short, they satisfied themselves that enough had been found to account for the contamination of the milk; and in accordance with their recommendations, no milk has since been supplied from this farm.

Seventy-five families are known to have been affected in one or more of their members; and other cases are daily coming to our knowledge. The extensive ramifications of the infection over the country, and the consequent danger, were matters of serious moment. Since the supply of milk from the suspected farm has been stopped, the epidemic has been stayed. The lessons to be deduced from the history of this outbreak from the infection of the milk supply of a large metropolitan dairy appears to us to be these. 1. It is the duty of a milk-vendor who obtains his milk not from his own farms but by contract with farmers, to make sure that the sanitary condition of the farm is good, and to provide for its inspection from time to time by his own agents or by the local medical officer of health. 2. It is his duty to apply to the milk which he supplies under such circumstances not merely the physical tests of the hydrometer and creaming-glass, which can easily be cheated by the practice of skimming the milk of a portion of its cream, and adding about 10 per cent. of warm water, but by a simple chemical test, the estimation of the solids by Wanklyn's method. 3. It is the duty of the sanitary authorities to issue strict directions for the supervision of dairy farms and periodical report thereon. This is now the sixth serious outbreak of fever publicly and officially traced to the infection of milk. It is to be hoped that similar calamities will be prevented in the future.

Handy Method for Hypodermy.

A writer in the *British Medical Journal*, Dr. JOHN M. CROMBIE, writes:—

"In consequence of the dearness and delicacy of the syringe, the hypodermic application of morphia, although by far the most beneficial when the drug has to be continued for any length of time, has not come to be so extensively used as otherwise it would. I have devised a singular and much less expensive method, by coating a fine silk thread with the required quantity of morphia, which, when introduced in the manner of a seton, by means of a fine needle, with the eye close to the point, enables us to deposit the morphia beneath the skin, by slowly drawing the thread through the opening. This suppository has to be dipped in water immediately before application, and as it is passed through, which must be done slowly, a drop or two let fall on the end still to be passed, so as to moisten the morphia. The process does not cause more pain than injection by the syringe, even when the point of the latter is in condition, as only one-eighth of an inch of skin is traversed, and, as it simply requires a needle, does not entail expense, either for purchase or repairs; and, so I should hope, may be the means of extending the benefit of subcutaneous morphia among the poor, for whom the syringe is too dear and too delicate an instrument."

Mydriasis Caused by Syphilis.

The paralysis of the third nerve is not very common in syphilis; but paralysis of the motor branch of the ophthalmic ganglion is still rarer. Drs. Perocchi and Porlezza mention the case of a man aged forty, who, after suffering from syphilis, presented in 1872 great dilatation of the pupil of the right eye. There was no other lesion. Although no syphilitic symptoms were seen, the diagnosis was given as syphilis, and iodide of potassium and iodide of mercury were given. In twelve days the iris was sensitive to light, and the diameter of the pupil was reduced. In a month the cure was perfect.

CORRESPONDENCE.

Discussion on Cancer.

EDS. MED. AND SURG. REPORTER:—

Allow me to make one or two corrections in regard to the correspondence of Dr. Bright. He says, "In your issue of July 19th, there is a communication from Dr. Senn, on Pathology," etc. Now let us turn to the above number of the REPORTER, and we find no communication from Dr. Senn; we find, however, an abstract of the "Proceedings of the Rock River Medical Society," and in this another abstract of an essay on cancer, which Dr. Senn read at said meeting before said Society. This is plain and self-evident.

Moreover, Dr. Bright should remember, that in an *abstract* of any paper we cannot expect to find every why and wherefore ventilated to the utmost, and therefore an abstract will always be somewhat disconnected, which may not be the case in the original. Hence if Dr. Bright did not understand fully our abstract of Dr. Senn's essay, it would have been more suitable to have inquired directly of us.

Again he says, "But from his remedy in black vomit, in yellow fever," etc. This proves that Dr. Bright is not a careful reader of the REPORTER. We never discussed

"yellow fever" in our Society. Let him turn to the REPORTER No. 846 (May 17), and he will find there an abstract of an "Obstetrical case." The patient was suffering from shock and vomited black matter just like "black vomit." This gave rise to a discussion on the nature of "black vomit," and the local action of cantharides, which at that time was postponed to the next meeting of the Society; then these topics were discussed and reported with the proceedings as found in the REPORTER of July 19th.

This is as far as I, as secretary, am concerned in this matter. A. W. LUECK, M.D.

Mayville, Wis.

Pin Swallowing.

EDS. MED. AND SURG. REPORTER:—

Noticing three cases of pin swallowing in your issue of 23d August, reminds me of a child about a year old whom I attended some years ago, who passed, in ten days, twenty-one pins per rectum, both crooked and straight. The child cried a good part of the time, and, for a while afterward suffered with small abscesses, from the size of a pea to that of a marble, all over its head and face. In a few weeks it died of a convulsion, as I presumed, from retention of some of the pin family. A girl of fifteen, acting as nurse, had no doubt put the pins in the child's mouth.

Respectfully,

EDW. VANDERPOEL,
232 West 34th Street.

New York, August 25th, 1873.

NEWS AND MISCELLANY.

Murder of Dr. P. R. Wagenseller.

This sad and shocking event occurred at Selins Grove, Pa., August 16th. Dr. Wagenseller was an old subscriber and contributor to the REPORTER, and a most worthy man. The circumstances under which this outrage was committed were the following: Dr. Wagenseller being informed that his hired man was intoxicated at the Keystone, repaired thither with a view to induce him to go home to his family. Having found him in company with Wenrich, a blacksmith, who was known to have furnished him with liquor on former occasions, he accused Wenrich of having furnished it for him on this occasion. This Wenrich denied in the most insulting manner. The Doctor reproved him for the insult offered, with the request that the language should not again be repeated. Wenrich reiterated his remarks with still greater insult. It is rumored that thereupon the Doctor struck Wenrich, but from the testimony elicited before the Coroner's inquest there is no evidence to that effect. Be this as it may, it is certain that there and then Dr. W. received a fatal stab by the hand of Wenrich, in the abdomen, with a large knife. The instrument of death penetrated to the left and a little below the umbilicus, and passing upward, and to the right, inflicted an external wound of about four inches, and, as proved by the post-mortem examination, entered the stomach, producing a gash of an inch and a half in size. The Doctor, by the assistance of a friend, walked to his own residence, a distance of nearly a square. A physician was immediately called in, but before he arrived the Doctor pronounced his case a hopeless one. Wenrich was arrested, and is now lodged in the County jail, awaiting the deserts his crime merits. After suffering excruciating anguish the Doctor expired, in the hope of a blissful immortality, twenty-four hours after the deed was committed. On Wednesday, the 19th ult., his mortal remains were followed by an immense concourse of people to their last resting-place in Union Cemetery. Dr. P. R. Wagenseller was a native of Selins Grove, Pa., and the son of Dr. Jacob Wagenseller, deceased. After graduating with distinguished honors in Pennsylvania College, at Gettysburg, he commenced the study of medicine, and graduated in the University of Pennsylvania. As a physician Dr. W. took a high rank in his profession. It is no exaggeration to affirm that he had but few peers and no superiors in his profession in the part of the State in which he lived.

Bogus Medical Diplomas Still.

At the instance of the Spanish Consul, Mr. R. Balomina, Mayor Stokley has ordered an investigation in respect to the character of a medical diploma which had been presented to the Consul for his signature by residents of Cuba, it being required that he should certify to the existence of the college in order to give the diplomas legality either in Spain or Cuba. The suspicions of the Consul had been excited by the fact that five diplomas had been presented for his signature within a month, and at a time of the year when they are not usually given. The diplomas all bore upon their face the name of the "American University of Philadelphia," and upon Dr. Hodge, of the University of Pennsylvania, being consulted, he was understood to say that he did not know of any college having that name in this city. The Mayor placed the matter in the hands of the detectives, who found that the individual who held the diploma and solicited the Spanish Consul to affix his certificate to it had gone out of the State, if not out of the country, and no process that can be issued has power to compel his attendance as a witness beyond the jurisdiction of the courts of this county. Captain Heins, of the detective force, has obtained the Acts of Assembly relating to the American University of Philadelphia, and will proceed in the matter to which his attention was directed when the oral testimony relating to the diploma is obtained. It is alleged that four diplomas were obtained by residents of Cuba who could not speak the English language, three

of whom had been in the country less than a month, and the fourth less than two months, but none of the persons who presented them at the Consulate office are now within reach.

Cholera.

IN EUROPE.

Early in August a decided increase in cholera took place in Gallicia and Hungary. In Hungary, from July 15th to August 1st, there were 41,673 cases, of which 18,139 recovered, and 15,855 died. In Pesth, on August 2d, there were 88 new cases, making with those already under treatment, a total of 307, of whom 55 recovered, and 36 died. On the 3d, there were, including 87 new cases, 303 cases under treatment; among these there were 35 recoveries and 37 deaths. Three medical men, Drs. Ligetby, Munkacsy, and Maurer, have lately fallen victims to the disease in Hungary. Two cases of cholera are reported on August 6th, to have occurred in Stettin. The first case of this disease occurred in Königsberg, on July 6th; from that day to the 22d, there were 6 cases; after that, the disease spread rapidly, so that up to August 5th 164 cases were officially reported, with 85 deaths. At the latter date from 20 to 25 new cases, and 10 or 12 deaths, were occurring daily; and the disease did not appear to have reached its greatest intensity. In Dantzig, on August 4th, there were in the town 33 cases with 24 deaths. Several cases had also occurred in the surrounding country districts. At the mouth of the Vistula, there were 105 cases, with 38 deaths. Among the Polish raftsmen there had been 76 cases.

IN AMERICA.

Cases of cholera are reported from Western Kentucky, Southern Illinois, and elsewhere, but the epidemic seems decreasing.

Baby Farming.

A shocking case of "baby farming" was brought to the notice of the Special Sessions (New York), the prisoner at the bar being a woman named Sarah Coates, of 205 East Sixty-third street. Neighbors and others testified to the fact that she frequently kept a little six-months' infant lying in her back yard, exposed to the rays of the sun; sometimes the infant would remain there all day without nourishment. This child died on the 9th of August, and another in the keeping of the same woman died on the 24th, also from neglect and inhuman treatment. Their bodies were reduced to mere skeletons, and were almost black from being exposed to the sun. One of the children, it seems, belonged to the Circassian woman connected with Barnum's Museum; the other belonged to a Mrs. Hoger. A Mr. Doyne said the little creatures, even before death, "looked like boiled meat," and that he had often remonstrated with the woman, in vain. For the defence the woman alleged she had put the children in the yard "for the benefit of their health." The Court sentenced her to the penitentiary for three months, and she was led away, hysterically protesting her innocence in a flood of tears.

Yellow Fever.

The yellow fever has continued with great intensity at Shreveport, La. This town is situated on the west bank of Red river, in the northern part of Louisiana, about three hundred miles by land northwest of Baton Rouge, and about thirty miles below the "Great Raft," which is the limit of navigation for large steamboats. It is a thriving town, and previously to its present isolation had daily communication by water and railway with New Orleans and all parts of the country. A large business has been carried on at Shreveport, as it is advantageously situated for the shipment of cattle from Texas, and of cotton from Louisiana. The population is about 4607, of which 2439 are white and 2168 colored. No special local cause has been proven; the town is not worse situated than many others in the vicinity.

A Pre-Historic Skull.

The Osage Mission (Kansas) *Journal* gives an account of a late discovery near the western line of the county. It is a human skull imbedded in a rock, and was brought to light by blasting. Dr. J. C. Weibley, of Osage Mission, thus describes it:—

"It is that of the cranium of the human species, of large size, imbedded in conglomerate rock of the tertiary class, and found several feet beneath the surface. Parts of the frontal, parietal and occipital bones were carried away by explosion. The piece of rock holding the remains weighs some 40 or fifty pounds, with many impressions of marine shells, and through it there runs a vein of quartz, or within the cranium crystallized organic matter; and by the aid of a microscope presents a beautiful appearance."

Remarkable Rain-Fall.

Rev. J. Avery Shepherd, in charge of the Observatory at Ellicott City, Md., writes to the Smithsonian Institute that on the 13th of August last, there fell in that vicinity 11½ inches of rain in twenty hours, or 7800 barrels of water to the acre. This is one of the most remarkable rain-falls on record.

—The Board of Physicians of the Children's Home of Wheeling, West Va., of which the late Dr. Cummins was a member, have appointed Dr. J. C. Hupp to fill the vacancy occasioned by Dr. Cummins' death. The Directors of the Home have notified Dr. Hupp that they "heartily approve" the selection and request his acceptance, and the Doctor has accepted accordingly. The Board is composed of four physicians chosen from the oldest practitioners in the city, who give their services gratuitously.

Cobra Poison a Ferment.

Cobra Poison has been analyzed and found to consist of carbon, .46; nitrogen, .13; oxygen, .325; sulphur, .025; the rest of hydrogen; this, as M. Dumas remarks, is exactly the composition of beer yeast, and supports the idea that the cobra poison is of the nature of an animal ferment.

—Dr. William C. Tilden has resigned his professorship in Howard University, Washington, and accepted the somewhat novel position of chemist in the office of the Erie Railroad in New York City, at a salary of $3000 per annum.

—The cities of Northwestern Pennsylvania are having a lively competition to secure the location near them of the new insane asylum.

—Dr. Henry White, one of the oldest physicians and apothecaries of Boston, was killed on Thursday evening, September 11th, by falling down the stairway of his shop.

—Dr. J. William White was, on Saturday last, elected resident physician of the Eastern Penitentiary, in place of Dr. Bullard, resigned.

—A Medical Bureau is about being established by the Erie Railway for the free treatment of persons injured by accident.

QUERIES AND REPLIES.

Nasal Catarrh.

Dr. J. B. L., of Ind.—Fleming's pamphlet on nasal catarrh is the most recent monograph.

American Syringe.

Subscriber.—The American Syringe is manufactured by various parties. There is no exclusive right to it in this country, we understand.

Dr. J. S., of Tenn.—We fail to see the point of your inquiry. The case in question was one of artificial delivery. The puerperal condition may not in justice be termed a disease.

OBITUARY.

DR. WILMER WORTHINGTON,

Formerly member of the Pennsylvania House of Representatives, and Speaker of the State Senate, died at West Chester on Thursday, September 11th, in the seventieth year of his age. He was at one time President of the State Medical Society, and of the Chester County Medical Association. He was a Democrat previous to the Kansas agitation, but on the outbreak of the war became a Republican, and was elected a member of the Legislature by the Republican party. He was appointed by President Grant, Surveyor of the Port of Philadelphia, but resigned from the office to become Secretary of the Board of State Charities, which office he held at the time of his death.

MARRIAGES.

Aiken—Hunt.—On Thursday, September 4th, in New York, by the Rev. Dr. Burchard, Henry M. Aiken, of Boston, and Mrs. Amelia J. Hunt, daughter of Dr. William Elmer, of New York.

Arrastia—Oppenheim.—On Tuesday, August 12, 1873, in Santiago Church, by the Rev. Palma, Dr. Adolfo de Arrastia, from Havana (Cuba), and Julia Oppenheim, eldest daughter of W. Oppenheim, Esq., of New York.

Barrows—Stevens.—In Newport, 4th inst., at Kay Chapel, by Rev. I. P. White, D.D., Horace G. Barrows, M. D., of Boston, and Sarah Norman, daughter of Philip Stevens, Esq., of Newport.

Bullard—Welsh.—On the 4th instant, at the Cathedral by the Rev. Father Elcock, Dr. E. C. Bullard and Elizabeth H., daughter of J. R. Welsh, Esq., all of Philadelphia.

Colton—Neely.—On September 10th, at Emmanuel Church, Brooklyn, N.Y., by Rev. Asa S. Colton, assisted by Rev. H. B. Walbridge, D.D., Rev. Joseph S. Colton, of Beatrice, Neb., and Sophie, daughter of the late Orlando Neely, M.D., of New York.

Cropper—Bliven.—On Monday, September 1st., at the residence of the bride's parents, in Brooklyn, E.D., by Rev. Dr. A. H. Partridge, S. Preston Cropper, of Philadelphia, and Ellen J. Bliven, daughter of Dr. J. P. Bliven.

Gilbert—Case.—In Brooklyn, on Monday, September 1st, 1873, by the Rev. J. G. Vanslyke, Dr. C. E. Gilbert, of Jamaica, and Miss Lillie E. Case, of Poughkeepsie.

Gregory—Sims.—At Newport, R.I., September 2, by Rev. Dr. Henry Potter, Charles E. Gregory and Fannie Marion, daughter of Dr. J. Marion Sims.

Grainger—Le Blanc.—On Thursday, September 4th, at St. James' Cathedral, Brooklyn, by Right Rev. Bishop Loughlin, assisted by Rev. J. Kiely, W. H. Grainger, M. D., of Boston, and Mary A. Le Blanc, of Brooklyn.

Lindridge—Segui.—By the Rev. W. M. Willian, on Tuesday, September 2d, Edwin F. Lindridge, M. D., of England, to Miss Joanna Segui, of Brooklyn.

Jones—Moran.—In New York, on Wednesday, September 3d, at the Church of the Transfiguration, by the Rev. R. W. Howes, Jr., E. Lee Jones, M. D., and Martha Adams, daughter of Charles Moran.

Tilton—Steele.—On Tuesday, September 2d, 1873, at the residence of the bride's parents, by the Rev. W. W. Halloway, Jr., Dr. Henry R. Tilton, United States Army, and Miss Anna M. Steele, daughter of Mr. Henry Steele, of Jersey City.

DEATHS.

Alfred.—At his residence, in Galesburg, Mich., August 16th, Dr. M. W. Alfred, aged 63 years.

Bliss.—On Friday, September 5th, at the residence of Thomas A. Colt, Orange, N. J., W. W. Bliss, M.D., aged 51 years, 6 months and 3 days.

Cocke.—In Bellville, Austin county, Texas, Aug. 6th, Dr. William Irby Cocke, aged 43 years. Dr. Cocke was a graduate of Jefferson Medical College, and practiced Medicine in Bellville eighteen years.

Germond.—On Wednesday, September 10th, Myra Jane, wife of Rev. Philip Germond, and daughter of Dr. R. F. Hibbard.

Mackenzie.—At her residence, in Wellsville, O., on the 14th of August, of consumption, Mrs. Lydia S., wife of N. K. Mackenzie, M. D., in the 49th year of her age.

Smith.—At Columbus, Nevada, on August 14th, 1873, after a short illness, Dr. Fisher Coleman Smith, in the 47th year of his age.

Ward.—At Belleville, N. J., September 3d, Mrs. Caroline Brown, widow of the late Dr. Samuel L. Ward, aged 77 years.

Ward.—At Detroit, September 1st, of apoplexy, Thomas C. Ward, son of the late Dr. Thomas Ward, of New York.

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Santonine, the active principal of *Semen contra*, (European Wormseed) occupies the first rank among the anthelmintic remedies. In this preparation the Santonine is combined with a purgative agent and is at once pleasing to the eye and efficacious. For several years many of our principal Physicians in all parts of the Union have expressed themselves highly pleased with the efficacy and elegance of this vermifuge. Each dragee contains one half grain of Santonine and one fifth grain of Gambogine.

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A most useful, convenient, and desirable preparation, always ready for immediate use. Clean, prompt in its action, and keeps unaltered in any climate; easily transported and pliable, so as to be applied to all parts and surfaces of the body. It is prepared of two strengths:—No. 1 of pure mustard; No. 2 of half mustard. Each kind put up separately, in boxes of ten plasters, cut or in rolls.

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(ICELAND MOSS AND LACTUCARIUM.)

Used with great success against Nervous and Convulsive Coughs, Hooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, &c.

Wakefulness, Cough and other sufferings in Consumption are greatly relieved by the soothing and expectorant properties of this Paste.

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All nervous affections in general, and especially those of the chest, are often cured, and always relieved by the use of Lancelot's Cigarettes.

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Iodo-Ferro Phosphated Elixir of Horse-Radish.

This Elixir, acting as a *diuretic, tonic, stimulant, emmenagogue*, and a *powerful regenerator of the blood*, is a most invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood.

By stimulating the energy of the digestive organs, through the action of the horseradish etc. by supplying vital fluid with the elements it requires *iron* and *phosphorus*; by carrying into the economy the alterative agents, *iodine* and *sulphur*, it brings life and vigor through the whole system.

CINCHO-QUININE.

Cincho-Quinine holds ALL the important constituents of *Peruvian Bark* in their alkaloidal condition. It contains no *sulphate* of *cinchonine* or *sulphate* of quinine, but *cinchonine, quinine, quinidine*, etc., without acid combinations. It is now nearly four years since it was placed in the hands of physicians for trial, and the verdict in its favor is decisive.

At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has *equal* tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

The cut below gives the size of the ounce phial, and the form of putting up.

Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M. D. *Fall River, Mass.*

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FREY, M. D., *Perry, Iowa.*

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. COONS, M. D., *Madison, Ala.*

I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. *Wapping Falls, New York.*

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M. D., *Indianapolis, Ind.*

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M. D., *Lincoln, Ill.*

I have used an ounce of Cincho-Quinine in some obstinate cases of intermittent neuralgia and ague, and am happy to state that it has thus far sustained in full the anticipation raised by what you have claimed for it. Dr. S. S. Cutter, of this city, has an extensive general practice, and he informed me a few days ago that the Cincho-Quinine was giving satisfaction.—J. H. BESCH, *Coldwater, Mich.*

We can now supply SUGAR-COATED CINCHO-QUININE PILLS of three sizes, namely, 1 grain, 2 grains, and 3 grains, in such quantities as are wanted. They are placed in vials holding 100 each. The price is about one-half that of Quinine Pills. Dose the same.

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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

BROMIDE OF SODIUM IN CONVULSIVE AFFECTIONS.

BY ROBERT S. GOODWIN, M. D.,
Of Thomaston, Ct.

I have been accustomed, for several years, to use the bromide of potassium in epilepsy, puerperal convulsions, and in the convulsive diseases of childhood, with a view to prevent the recurrence of the paroxysms. But having frequently met with only partial success I have been induced, more recently, to try another similar preparation, the bromide of sodium. I have reason to believe that the latter article is more prompt in its action and more certain in its results. I desire to state, briefly, a few cases in which I have used it, and should be happy to hear from any of your readers who may have had the opportunity of contrasting the effects of the two remedies.

Case 1.—A young lady, aged 17, having received an injury upon the cranium from a fall, developed, shortly afterwards, a mild form of epilepsy, *petit mal*. I put her, at once, upon the use of bromide of potassium in doses varying from fifteen to thirty grains, three or four times a day. This treatment did not arrest the paroxysms, which occurred several times every day.

I then ordered, instead, the bromide of sodium in twenty-five grain doses, repeated regularly three times a day. The paroxysms were immediately arrested, and my patient has never had one since she took the first dose. The treatment was continued, with the same dose, for two months without any ill effects, and then discontinued. Five months have now elapsed since the treatment was commenced, and there has been no relapse.

Case 2.—A young married woman, aged 24, eight months pregnant with first child, had albuminuria and anasarca. Convulsions occurred suddenly, after several days' illness, accompanied by vomiting. There were no signs of labor. The convulsions recurred at intervals of an hour or two for twenty-four hours. I saw her for the first time after she had suffered from fifteen convulsive attacks. I was told that the bromide of potassium had been administered freely to her in large doses, without appreciable effect. The convulsions were growing more frightful and protracted. I at once ordered thirty grains of bromide of sodium, and the same remedy to be repeated in the dose of twenty grains every three hours afterward. In addition to this, ten grains of calomel and one drop of croton oil were placed upon the tongue and washed down with a little water. No more convulsions occurred after this. The bowels were freely purged, and the patient returned slowly to consciousness. The bromide of sodium was then continued in the last mentioned dose, *ter die*, for one week, when labor set in. A small sized dead fœtus was delivered without any difficulty in a few hours, and the woman made a good recovery.

Case 3.—A young woman, primipara, aged 25, pregnant, and at full term, had a tedious labor, lasting forty-eight hours. Towards the close of the labor, while the child's head was passing the perineum, she was seized with a convulsion, which lasted several minutes. She recovered consciousness, however, and completed her labor nicely. She seemed to be "all right," and was able to give directions to the attendants concerning her comfort.

In order to guard against any lurking tendency to eclampsia, I administered twenty grains bromide of potassium, with three drops Norwood's tinct. veratrum, and on leaving, directed the bromide to be given every three, and the veratrum every six hours. Four hours later I was summoned back to my patient's bedside, and learned that she had suffered from three more convulsions more severe than the first. I then took one quart of blood from her arm, and increased the dose of bromide of potassium to thirty grains. This did not stop the convulsions. In fact, they seemed to be increased in violence and length under this treatment for several subsequent hours. I then resorted to half drachm doses of bromide of sodium every two hours, after the second of which the convulsions ceased and did not afterwards return. The woman died a few days afterward of puerperal fever.

Case 4.—A child, 12 months old, was seized with an epileptiform fit, the result of dentition. I saw it an hour afterwards and found it just going into a second convulsion. Upon its recovery from the spasm I administered five grains of bromide of sodium, and ordered a cathartic enema. The use of the same dose of the bromide was kept up every two hours subsequently. The child had no more fits and seemed quite well the next day.

In numerous other cases I have used the bromide of sodium with like good results. Wherever I suspect an overloading of the brain with blood I am in the habit of using the remedy freely with very satisfactory results. Whenever I wish to allay reflex irritation of the nerve centres I find no remedy, except perhaps chloroform, acts more promptly and efficiently than the bromide of sodium.

It does not offend the stomach, tastes more like common salt than anything else, and has never been followed, under my observation, by any unpleasant results.

CASE OF PLURAL BIRTH WITH UNBROKEN PLACENTA.

BY ROBERT JOHNSTON, M. D.,
Of Milford, Mich.

I have noticed cases reported by Dr. J. M. Hall, of Fayetteville, Ohio, and Dr. A. G. Blodgett, of West Brookfield, Mass., in the MEDICAL AND SURGICAL REPORTER, and am reminded of cases occurring in my practice which I will relate.

Case 1.—I was called at 2 A. M., May 23, 1873, to see Mrs. M., æt. 35, in her sixth confinement. After an ordinary labor, she was delivered, at 5 A. M., of a female child weighing seven pounds.

The child being quite lively, and crying lustily, I divided the cord at once and removed the child. Placing my hand over the abdomen of the patient to see that the uterus was contracting down, I felt the motion of another child, Mrs. M. observing at the same time that "there must be another child," as she "felt it move."

I found on examination that the head had entered the superior strait, and as pains soon were regular and strong, anticipated a speedy delivery, but at the end of four hours' hard labor the head had not entirely passed out of the pelvis.

As the uterus showed symptoms of exhaustion, I gave a full dose fluid ext. ergot, and repeated the dose in twenty minutes, which brought on violent pains. During one of these pains (the woman assisting with her whole strength) the entire sack, placenta and membranes intact, containing liquor amnii and a nine-pound boy, was thrown out of the vagina.

I immediately tore open the sack and divided the cord. Both children are living and doing well.

There was no bag of water in front of the head of the second child at any time during labor, which led me to suppose that the membranes had been ruptured during the first labor.

The placenta to which the first child had been attached was delivered soon after the birth of the second child.

Mrs. M. is a stout, muscular woman, and assisted the uterine expulsive force with as much voluntary strength as it is possible for any woman to put forth, so that I think this sack must have sustained more than the average amount of pressure brought to bear

upon the child during labor. I have been inquiring, in relation to this case, if it is possible for that *thin, tender, semi-transparent membrane, which tore almost as easily as wet paper*, to have supported a pressure of *five hundred pounds*, which, it is estimated by some practitioners, is necessary to force a child through the pelvis.

Case 2.—August 21, 1873, saw Mrs. A. I found her two months advanced in pregnancy, os uteri dilated, slight hemorrhage. The ovum was expelled the next day, which a close examination showed to be unruptured, the sack still containing the liquor amnii, which could not be forced out until it was ruptured.

Editorial Department.

Periscope.

Recent Progress in Medicine and Surgery.

The excellent addresses at the opening of the British Medical Association each annual meeting touch upon nearly all the points of interest which have occupied the medical world during the past year. Expressed as they are by the master minds of the day in their respective branches they cannot fail to be judicious and sound. We have, therefore, selected a number of quotations from the various addresses, which we now lay before our readers.

Drinking Water.

Sir Wm. Fergusson, the President, in his opening address says on this topic:—

It seems almost by instinct that, in the humblest of our cottages, and in most of our moderate, unpretending dwelling-houses, there is a desire to have a supply of rain-water. The pump or the nearest open well or spring may be resorted to for water to drink; but the small quantity that can be caught from a stone, tile, or slate roof, is eagerly sought by the judicious housewife.

The quality of this water suits domestic purposes better than the brightest from well or pump. Largely though this little luxury is indulged in, for the water-butt abounds in every district, it is curious how this sort of instinct, as I have called it, has been neglected by many who have catered for the supply of water on a large scale. If this water is so esteemed by poor cottagers, why should it not be available to the whole community? If the rich man, with a big roof over his head, collects it, at considerable expense, for his baths and washings, why have we not more of it? But here I touch the margin of an important question regarding water-supply to large communities. Is such a supply, supposing it to be the most desirable, to be had at reasonable cost? That it is desirable can scarcely be doubted. There are many who approve the project of increasing the supplies of Manchester, Birmingham, and other midland towns, including London, from the natural lakes of Cumberland and Westmoreland. But might not something be done, less stupendous, yet equally effective? Natural lakes, of sufficient bulk, are not to be found in many districts; but might not artificial ones be constructed, which would largely supplement our present water-supplies? In most of the upland districts in this country there are spaces, hollows, ravines, and valleys, where, as much of the surface is otherwise worthless, the water might be dammed up, and lake above lake might be made to appear on the landscape. This is, as we all know, no new proposal. It has been acted upon in countries of ancient historical date, where we fancy that civilization was never equal to that we now boast of, and the custom prevails to a considerable extent in this island. But all that has yet been done in this way among us is but little better than the action of the poor cottager who is content to catch from the fleeting shower a pitcher or tubful of the precious gift of nature. Look to the rainfall of a season in this country, and consider how much, or how little, of this gift from heaven is actually used by man. Of all the necessaries of life this is the one which comes upon us in this island most bountifully; and yet how much it is neglected! Instead of letting the floods damage our best alluvial soils, destroy vegetable and animal life, endanger man himself, and finally flow uninterruptedly to the sea, might not much of this flood be impounded on our watersheds, and there form small and large reservoirs and lakes which would be ample supplies of the best water at every season of the year, and even keep in fair volume some of those primitive streams which, doubtless, were the attraction of those who originally settled on their banks? It is distressing to see, in some of our large towns, to what condition these once fair streams have been reduced; the water is taken off above until the bed of the river has been dried, and then let on again in every imaginable degree of pollution. Under such circumstances the water thus taken from the stream might be supplemented by

the upper stores; or, better still, these stores might be relied upon for most of the requirements of large communities.

The Doctrine of Inflammation.

Dr. Parkes, in the address on medicine, remarks:—

Once everything was dyscrasia; and the belief that a profound alteration of the fluids, and especially of the blood, underlies most morbid changes, for a long time governed a large school of pathologists.

In this country it never obtained great weight, though it certainly tended to modify our ideas of the origin both of cancer and of tubercle. Gradually losing ground before the pressure of opposing facts, the doctrine of crasis at length gave way to a local pathology almost as extreme. The theory which superseded it was the celebrated cellular pathology of Virchow; that theory which looked only to the individual elements; which traced all to growth of cells, and which virtually rejected the idea of exudation in the old sense of the word. It was admitted, indeed, that nutritive cell-less fluid emerged in disease from the vessels as in health, but it was caught up and appropriated by the cells met with outside the vessels, and especially by the connective tissue corpuscles. At one time it seemed as if the time-honored term "exudation" would be banished from pathology, and the old doctrine of inflammation seemed altogether undermined. But this cellular pathology was, like the creed it superseded, pushed too far. True to a large extent, it was made to embrace conditions beyond it, and the inevitable reaction came. In 1867 Cohnheim described the transit of the white blood-cells through the unruptured walls of the capillaries, and the old doctrine of exudation had again an empirical foundation. I say Cohnheim *described*, but I did not say he *discovered*. For the discovery had long been made, and the fact that it had been made and had been disregarded is a striking instance of want of appreciation of a cardinal fact, of which so many cases are recorded in the history of all sciences. It is bare justice to record that in 1839 William Addison, now of Brighton, perfectly described the emigration of the white blood cells, as well as many other phenomena which attend inflammation. The fact did not escape notice, and one writer, at least, Charles Williams, in his well-known work on the *Principles of Medicine*, appreciated its importance. But, as a practical matter, the discovery fell dead, and when Cohnheim announced the fact twenty-eight years later, the world of pathology was stirred to its depths. It is also but justice to observe that the chief microscopic phenomena of inflammation and the processes of stasis and exudation were nearly as well described twenty-five years ago by W. Addison and Williams as they are now, though certainly the proliferation of tissue-cells outside vessels was not known.

At present the pathology of inflammation seems settling down on a mixed humeral and solid basis. It seems to be admitted that the albumen in the blood which feeds the organs partakes of the quality of the food which supplies it, and is modified also by the condition of the organs, whose action prepares its introduction into the main torrent of the blood. Degrees of nutritive adaptability may, therefore, exist in it, and we may fairly assume that the composition of the blood albumen must vary, and that it is quite possible it may be sometimes so degraded as to justify the idea which underlaid the Vienna doctrine of crasis. But it seems also clear that the main phenomena of nutrition (normal and abnormal) rest with the cells and with the ultimate molecules, so to speak, which, though without a cell wall, can be classed with cells. The cellular pathology is, to this extent, an undoubted and valuable generalization.

On Phthisis.

Elsewhere he adds:—

If the doctrine of inflammation has thus, as it appears to me, made the full circle of change, the same may be almost said of phthisis pulmonalis. Laennec's genius, so sure and accurate when he was dealing with the interpretation of physical phenomena, failed when he attempted a definition of phthisis. Like many a geographer, he wished to fill up his blank map, to insert a coast line here and a watershed there, and to have everything defined, described, and completed. It was an impossible attempt, for the country had not been surveyed.

In two points late researches have, I think, influenced our view of looking at phthisis. In the first place, it has been shown how many cases of phthisis are caused by removable conditions: breathing of air impure with solid particles, constrained positions, syphilis, etc., are now known to produce many cases of wasting lung-diseases, and, as it is possible to prevent these, and thus to lessen the prevalence of phthisis, we have now a greater element of hope than formerly. On the contrary, the evidence of the so-called infective nature of phthisis, that is, the way in which it can originate in the lungs from distant infected parts, the way in which it extends to adjoining parts, or, perhaps, to distant parts of the lung by absorption from a diseased lung centre, and thus returns and returns until fatal inroads are made on the organ or the system at large; the constant production, in fact, of fresh centres of spread, is a discouraging aspect. On the whole, the last thirty years have done much for the treatment of phthisis, but it is not all unmixed gain, and the amount of future progress is uncertain.

The Radical Cure of Rupture.

Prof. JOHN WOOD, of King's College Hospital, has these instructive remarks on this subject:—

I have long thought that we might, in favorable cases, safely do more than we now

attempt, to prevent a return of the protrusion after the operation for the relief of strangulation. After performing operations for the radical cure more than two hundred times, I had grounds for the belief (which other operations on the peritoneum also favored) that in a healthy subject the peritoneum might be dealt with as freely and as safely as any other tissue; and also, that the chances of bad results from peritonitis would depend upon the injury sustained by the bowel in strangulation, rather than upon any way of dealing with the peritoneal sac and parietes after the strangulation had been relieved, provided that due drainage be secured. In cases where the bowel and omentum are congested only, and most likely to recover when placed into their natural cavity, especially in young and healthy subjects, I concluded that the attempt would be justified, and would probably be successful. If so, the advantage of preventing a lifelong trouble by the operation which relieves strangulation is obvious. The kind of cases I selected for such an attempt, and the nature and results of the proceeding, will be best conveyed to your minds by a short *resume* of the three cases where I have had the opportunity of carrying it into practice.

On June 29th, 1868, was admitted into King's College Hospital a young man, Alfred Fuller, aged 21, 61 Warden Road, St. Pancras, with a strangulated right oblique scrotal hernia. The tumor had occurred suddenly from lifting. It was of the size of the fist, and had been strangulated twenty-four hours. He had constipation, violent retching and vomiting (not fæcal), a quick pulse, and anxious face, pain in the epigastrium, and much pain and tenderness in the tumor, upon which several ineffectual attempts at taxis had been made. I put him well under chloroform, and made a fair and full attempt at reduction by the taxis, but in vain. I then made an oblique incision over the tumor, dividing the layers in the usual way, and laying open the sac to the extent of three inches. The sac contained a moderate amount of omentum, covering a knuckle of bowel, all congested, and the bowel slightly ecchymosed, and there was about an ounce and a half of bloody serum in the sac. The point of strangulation was at the deep inguinal ring, and it was divided by an upward cut. The bowel was then drawn down slightly and carefully examined. It presented the usual indentation, but was smooth and shining. It was then returned, and after it the omentum; the latter being carefully spread over the deep opening. The sides of the sac were then brought together, so as closely to embrace the cord over the whole length of the canal. The handled curved hernia needle used in my operation for the radical cure, armed with silvered wire, was then employed to bring together the sides of the sac, together with the aponeurotic structures along the whole length of the canal. A good view of the conjoined tendon was obtained, and the wire fixed in it in two places. The loop and ends of the doubled wire were then brought out at the upper and lower ends respectively of the incision. Four interrupted wire sutures were then placed through the skin between these points. The wound was dressed with carbolic lotion, and covered with gutta-percha skin, and cotton wool powdered with McDougall's powder to absorb the discharges. The interrupted sutures were removed on the fourth day, primary union having been by that time obtained throughout, except where the thick wires passed through the extremities of the wound, and effectively kept up the drainage. These were kept in for ten days. There was not the slightest sign throughout the case of the peritoneum being inflamed, and the abdominal tenderness which was present at the time of the operation passed away entirely. The sickness ceased directly after the operation, and the bowels were opened naturally two days afterward. Erysipelas being present at this time in the ward, the patient was attacked by it on the sixth day. A partial reopening of the wound was the consequence, together with suppuration in the fundus of the hernial sac. The pus passed freely along the wires, and there was no burrowing. The suppuration in the sac caused obliteration and shrinking of that structure, and the testis was drawn by the subsequent contraction into the upper part of the scrotum. The patient was discharged, wearing a light truss, August 15th, 1868.

During the first year after the operation I saw him twice or three times. There was no cough impulse whatever when last seen; all the parts being very firmly traced up in the groin and around the cord. As he was repeatedly enjoined to show himself at once if any pain or weakness showed itself, and seemed fully impressed with the danger from strangulation which he had escaped, I have, I think, some right to conclude that there has been no return. The difficulty of following cases for a number of years in the nomadic habits of that part of our population which furnishes the most numerously favorable cases for the radical cure is one which I experienced in this case.

It has been said with respect to this operation, that evidence is wanting as to the permanency of the cure, and I am free to confess that it is exceedingly difficult to watch a couple of hundred cases for the space of ten or eleven years. The constitution of human nature is such that you cannot hope for the generality of patients to show themselves occasionally for such a length of time, or even to write reports to the surgeon if they are not further troubled with the ailment of which he has cured them. It requires that powerful spring to gratitude which was said by the cynical French philosopher to consist in "a lively sense of favors to come," which is wanting in a case where there is no more for the doctor to do. I have found that the unsuccessful cases are more likely, by the law of gratitude just enunciated, to return upon your hands than the successful ones are, as a bad

shilling expects to be replaced by a good one. I think, therefore, we have the better right to the position of reckoning in the same proportion of failures and cures cases which have not been seen twelve months after the operation, as those which have been examined after that time.

Now, out of 188, most of them unselected cases of inguinal hernia, of which I have notes (including 7 females and 4 cases of double rupture, both operated on), in 107 cases the results are pretty perfectly known. I find that 51 of these were more or less unsuccessful; 42 returned in the first year after operation; that is, the patient could not do without wearing a truss after the first year. Of these, by far the greater number were so much improved that they were made comfortable by a truss, which was not the case in most instances before the operation. Some, but not many, were as bad as before the operation. Mr. Kingdon, of the City of London Truss Society, has kindly forwarded to me the names of twelve of those who had applied to that institution for the supply of a truss after an operation at my hands.

56 out of the 107 were cases which continued to be successful subsequently to a year after the operation, as ascertained either by direct examination by myself, other surgeons, or satisfactory to the patient himself, and either wearing no truss at all, or only occasionally, as a precaution, after the first year from the operation. Of these, 7 were noted from thirteen to twenty-one months after the operation; 7 two years; 7 three years; 7 from four to six years; 7 from six to eight years; and 4 from nine to eleven years after operation. Reckoning operations on both sides and repetitions of the operations, I have done the operation more than two hundred times. Out of these, I have had three deaths; one from pyæmia, one from erysipelas, and one from peritonitis. These have been made public to the profession on more than one occasion, because I judged it right and fair that in an operation of this kind the facts should be made known as far as possible.

On Anæsthetics.

He adds:—

In the use of *ancesthetics*, we find now rising a revival of the rivalry between chloroform and ether, which the fame and support of the late Sir James Y. Simpson had decided in this country in favor of the former. We follow but tardily, in this old country, in that combination of pleasure with utility which has led lately the inventive genius of our transatlantic brethren to the association of æsthetics with anæsthetics in the performance of operations under these agents to an *obligato* accompaniment upon the organ, and an appropriate address by a popular preacher, improving the occasion on behalf of morals. The comparative safety of these agents is unquestionably a most important point, and one that must ultimately decide the matter in favor of that anæsthetic the use of which involves the fewest casualties. The chief difficulty in determining this is the natural disinclination to make public such cases. It is less objectionable, however, to do so when a certain lapse of time has occurred after the accident; and it is to be hoped that, in the not very far future, we may arrive generally at that philosophic frame of mind which will consider it as much a duty to publish unsuccessful cases as it is a gratification to achieve the glory of a brilliant result.

The Physiology of the Febrile State,

Was the topic of Dr. J. Burdon Sanderson's address. Towards the close his words were:—

Of the three or four tissues of which the mass of the animal body is composed, the nervous, the glandular, the connective, and the muscular, there is one only which has as yet been sufficiently investigated in its relation to ordinary heat production, viz., the muscular. With respect to this tissue, it cannot be shown that it is the special seat of the increased chemical activity which produces fever, but it can be shown that even if every other source of heat production were excluded, the variations of intensity of which muscular oxidation is capable would be sufficient quantitatively to account for the variations of bodily temperature which occur in fever. In this respect, therefore, I propose to refer to some of the experimental facts known to physiology as to this heat-producing function of muscle.

I will first mention an experiment which belongs neither to the laboratory nor to the hospital, our two ordinary sources of information. A man works in an extremely hot place, for example the stoke-hole of a tropical steam vessel, where he is subject to a temperature of perhaps 120° to 130° F. Under such circumstances a dog would soon die, but so efficient is the apparatus for the discharge of heat at the surface in the human body, that not only life but continued muscular work is possible. If now we place the same man under slightly altered circumstances, and set him to work in what is termed a "dead end" in one of the so-called "hot mines" in Cornwall, where not only the air is heated, but the workman is rained upon by the incessant dripping of water at a temperature of say 105° F., so that the air is constantly saturated with moisture, we find that, although the temperature is nothing like so high as in the stoke-hole, he suffers so much more from the effect of it that continued labor is impossible. After remaining by a great effort of the will for ten minutes at the most, he can endure the distress no longer, but rushes out to cool himself, and after a few minutes' rest in a well ventilated gallery is himself again.

To understand the difference between the two cases, all we have to do is to compare the man's bodily temperature as he escapes exhausted from the hot working with that which he possesses while laboring in the

stoke-hole. In both instances there is excessive production of heat, and as we know from other experiments excessive discharge from the body of carbonic acid, but in the one the over-production is balanced by the surface cooling, in the other such cooling is impossible, the man's body itself receiving the overplus, which goes on accumulating until, if I may use the expression, he is warmed up into a fever, a fever which although transitory, yet so long as it lasts shows all the characteristics of the febrile state, the quick pulse, the muscular and nervous prostration, the increased temperature, and increased discharge of oxidized products.

The experiment I have been relating is a ready-made one, and may be called a rough one; it exemplifies the physiological fact that the excessive heat production which is determined by muscular exertion, if not compensated for by increased discharge, raises the bodily temperature and thus produces functional disorders which closely correspond to those of fever.

The same thing may be demonstrated with greater exactitude by experiments on animals. Nothing, *e.g.*, could be more striking by way of illustration of the heat-producing function of muscle than the comparison of the effect of the two well known poisons, curare and strychnia, on bodily temperature, curare by paralyzing the muscles, cooling the body so effectually that, as every experimenter knows, it is impossible, with the utmost precautions, to prevent the temperature from sinking; while, under the influence of strychnia, the heat produced is so much increased that the temperature rapidly rises to that of fever.

I trust that, after what has been said, it is scarcely necessary to observe that I am not drifting towards a new theory of pyrexia. My object is not to show that fever has its seat in muscle, but that any process by which vital activity can be increased in a relatively large mass of living tissue is capable of producing a pyrexia which is, in every respect, excepting its cause, a counterpart of that of fever. Of the bearing of this conclusion we can judge better if we put it into another form; for in other words it amounts to this, that pyrexia may be produced by any agent, whether originating in the nervous system, as in the case of the man working in the hot mine, or in the blood, as in the case of the animal poisoned by strychnia, which stimulates a great mass of living tissue to increased action. In this way we come back to a very old definition of fever, that fever is the reaction of the living organism against a stimulus. This definition is of value merely as a finger-post, as an indicator of the direction in which we must work. I understand it to mean that, if I am to seek successfully for the proximate cause of fever, I must look for it among agents which act either directly or indirectly as excitors or irritants of living tissue. Examples of indirect action I have already given. I now proceed to submit to your consideration a third example, which I conceive to be one of direct action.

It has now come to be an extremely well-known fact in pathology that if the exudation liquids of certain acute inflammations are mixed even in extremely small quantity with the blood-stream, the inevitable result is the production of a pyrexia, which in its development, progress, and concomitant phenomena, so far as they have yet been studied, exhibits all the characters of the febrile state. I have no intention of entering at all into the consideration of this remarkable process, and refer to it here merely by way of illustration. I am altogether unable to state on what tissue mass the poison in question exercises its influence; all I want to do is to point out that whatever answer is eventually given by experiment to this question, the only possible conception that can be formed of its mode of action is that which regards it as a direct tissue stimulant.

Quaesita in Medical Science.

Dr. Francis Sibson sums up several inquiries which should be made:—

There are many important questions relating to disease and its treatment that are open to, indeed demand, inquiry, and I would here refer to a few of them. The amount of urea excreted during chorea, tetanus, fevers, and other diseases, and the relation that may subsist between the excretion of urea and the temperature of the body, are as yet but imperfectly ascertained. The mode of action of iron in increasing the red corpuscles is unknown. Can the crystalloid, iron, call to itself the colloid protein elements in such proportion as to form red corpuscles, when we know that the colloid is the energetic, the crystalloid the passive form of matter, and thus the crystalloid can diffuse itself through and depart from the colloid without altering its structure? The phosphates are largely given, and with great confidence in their good effects. Why? What is their mode of action? The phosphates come away rapidly from the broken-up tissues in certain diseases. I would repeat the question I have put with regard to iron: Can the passive crystalloid phosphate draw to itself the elements of the energetic colloid to replace the broken-up structures? Does the iron taken into the stomach diffuse itself passively through the tissues? In what way do antimony, arsenic, mercury, silver, and lead accumulate in the system? Do they diffuse themselves through the whole of the colloids? The action of the ergot of rye, of chloral, of quinine, of the bromide and iodide of potassium, of the potash salts, of the narcotics, and of many other drugs is as yet imperfectly ascertained. The influence of the cold bath, the wet sheet, the douche, wet sponging, and the local application of cold or heat on the temperature of the body calls for inquiry. The effects of certain kinds of food much employed in the sick-room are not yet known.

What is the effect on the frame of Liebig's essence of meat, which contains no protein element, not even albumen, which contains little besides the fragrance of meat, and nitrogenous compounds. The same question a little modified applies to beef-tea and chicken-broth. Is it right to give those liquids, charged as they are with nitrogenous compounds, to patients affected with Bright's disease, whose blood is already poisonously saturated with broken-up nitrogenous compounds?

These important practical questions call for careful, patient, and unbiased investigation. That investigation cannot be carried out without the aid of extensive self-recording instruments, accurate chemical apparatus, and other appliances.

Origin of Miasms.

Speaking of the introduction of germs, Prof. G. M. Humphrey says:—

Associated with this subject is that of the introduction of noxious agencies from without, and the various questions bearing upon it, such as the decomposition of fluids, the introduction, dissemination, and propagation of germs, and, I may add, their spontaneous generation. The importance of a fuller investigation of those subjects to the adopting of effectual means to prevent the spread of disease is sufficiently obvious. Some points appear to be clear.

First, it is pretty clear that air is the great, if not the only vehicle of these insidious agencies, whatever they are; and that the exclusion of air or the purification of air from them prevents the occurrence of their effects. To this exclusion of air in the one case, and its admission in the other, must be attributed the differences in the changes which follow a simple and a compound fracture, as also of a subcutaneous and a more free external incision. There can be little doubt that if air could be entirely excluded, the various serous and synovial cavities might be opened with comparative immunity, and operations could be performed, from the probable or certain danger of which we now wisely shrink. It is upon the purification of air from these agents, or germs as they are called, that the antiseptic treatment, so ably propounded by Professor Lister at a former meeting of this Association, rests its claim. Certainly, whether they are germs or not in the ordinary sense of the word, they are so inasmuch as they are the starters or initiators of a new series of changes in the fluids or solids of the body.

Secondly, it is clear that these influences operate with greatest rapidity and facility where vitality is lowered. In other words, the nutritive and other processes are most easily impressed and diverted in a new direction in persons and parts where they are least vigorously conducted. Where the tendency to a right direction is staggered or weakened, the tendency to a wrong direction is most easily given. A fainting or a depressed body is well known to be a ready victim to poisonous and malarious agencies.

Closer observation of animal and vegetable life tells, more and more, of the prevalence of parasitic growth and of those lowered conditions which induce its excess. If a garden is blighted we know that it is so because the vigor of the trees is lowered by imperfect ventilation, frost, or some depressing cause. We recognize in it a mode of killing off some of the imperfect and overcrowded plants; and to apply these physiological principles to the case of man, we see that the maintenance of the vigor of the population by judicious sanitary measures is the only means of preventing an epidemic, and, at the same time, of preventing those evils which epidemics have the effect of correcting. We learn that, if it were in our power to stop epidemics by any mode, as by the institution of rigid quarantine, without attending to this point, we might, by so doing, effect more harm than good; forasmuch as we should incur the liability of engendering other, more insidious and perhaps more destructive maladies than those we attempt to ward off. Physiologically, the security of a country from invasion by epidemic and other maladies depends not on the rigor of its quarantine laws, but upon the efficiency of its sanitary enactments; just as, in a military point of view, security from foreign invasion and intestine commotion depends less upon bristling fortresses and strong ramparts than upon those laws which promote the energy and independence, and give scope to the physical, mental, and moral development of the people.

Position of America in Sanitary Science.

The following remarks were made by Mr. GEO. W. HASTINGS, Vice-President of the Section on Public Medicine:—

During last autumn and winter I was able to pay a visit to the Continent of America; and I need not say that I there met with many valuable experiences in several branches of political and social science, and I became acquainted with a few facts with regard to Public Health, which interested me greatly. I do not wish to flatter our American kinsmen, by telling you that in my belief they are advanced as far in sanitary science as we are in this country. I think it is very much the reverse. I believe that, at the present moment, England is far ahead of the United States in the practical administration of sanitary science; but at the same time I can bear most cordial witness to the great efforts that are now being made in America to bring up sanitary administration to a higher standard, and to the scientific investigations which are being carried on with respect to sanitary questions, and to the great zeal manifested by those engaged in the cause.

In New York I became acquainted with more than one circumstance which I desire to bring to your notice. There is one which may or may not be intimately connected

with the objects of this Section, but it is an institution which I think might be usefully imitated in this metropolis; and, assembled as the Association is in this great city of London, whence intellect and information spread naturally to all quarters of the kingdom, I think it may be well if any suggestions be made which will tend to improve either sanitary or hospital administration. I was very much struck by what is called the ambulance system established in connection with the New York hospitals. I went to what is called the Reception Hospital, near the bank of the river, and there saw the system at work. They keep in that and other hospitals six ambulances, each furnished with a horse, and with all surgical appliances in case of an accident, and in fact, supplied exactly as the ambulance would be if it were about to take the field with an army under active operations. A telegraph office in the Reception Hospital communicates with the police stations in every ward of the city, and wherever an accident happens a message is transmitted. While I was in the room a telegram arrived, and was written out in my presence, stating that a laborer had fallen from a scaffold and broken his leg. Within three minutes of its arrival I saw the ambulance start, furnished with all the appliances I have mentioned, in charge of a surgeon, who drove as fast as possible to the scene. Probably within a quarter of an hour after a telegram is received, a qualified surgeon with all the restoratives necessary is by the side of the man who had sustained an accident. He is placed carefully in the ambulance, in the best possible position with reference to his fractured limb, all necessary restoratives are at once applied, and he is taken to the hospital best fitted to his case, or which is nearest, or, if he wish it, to his own home. I found that, during the then preceding year, 1401 patients had been succored by means of the ambulances from the hospitals, of whom 1066 had been helped in consequence of telegrams received from police stations. I was also told there were upwards of seventy cases, which in the opinion of the surgeons would have been fatal if they had not been speedily succored, but in which, owing to the help rendered them, the sufferers lived to be removed to the hospital, and afterwards recovered under the care of the hospital surgeon. I venture to suggest, whether in this great city, looking to the resources of our hospitals, it might not be possible to organize such an ambulance system, so as to secure the assistance of a qualified surgeon as promptly as possible to any accident within the bounds of the metropolis.

Development of the Ovum.

In the Lecture on Obstetric Medicine Dr. J. Braxton Hicks gave the following sketch of progress:—

Within the last few years the opinions as to the development of the ova and Graafian follicles have undergone much change. So long ago as 1859, Pflüger published in a paper, "*Ueber die Bewegungen der Ovarien*," in Reichart and Du Bois Reymond's *Archiv*, an opinion that the Graafian follicle originated in tubes, and he pointed out therein the analogy to the seminal tubes of the testis, and that these were formed in the stroma, and continued to do so even after the birth of the fœtus. In near accordance with this view is Kölliker's; and more recently, Waldeyer in a work, "*Eierstock and Ei*" (1870), and still later, in an article in Stricker's *Histology*, while agreeing as to the tubular origin of the Graafian follicles, has pointed out that these tubes are formed by the inflection of the surface of the ovary by the growth of the stroma around; that the ovary is covered by columnar epithelium, and not by tesselated epithelium, as is the case in serous membranes; and that this epithelium lines the inflection throughout. He then points out that among the epithelium from very early life (four days in the chick), there are enlarged epithelium cells, and these are drawn into the inflected portion, and ultimately become the ova. He says that the ordinary epithelium cells about these large cells arrange themselves so as to surround them, and form not the Graafian follicle, but the outer membrane of the ovum or zona pellucida. Where there are many of the large cells, the tube separates up into as many ova, and these become so many centres of Graafian follicles. Waldeyer further says, that in all animals the ova seem to be simply more highly developed epithelial cells of the ovary, which have undergone some peculiar modification, so that the follicular epithelium and the egg-cells stand in direct genetic relation to each other. Waldeyer's account is generally well received, though hardly sufficient time has elapsed to give confirmation or refutation to his opinion.

One is tempted here to ask whether these cells have any more direct and immediate descent from the protoplasmic matter of the ovum which has only itself just started into life. It is only a few hours since it assumed activity, and at once it multiplies certain cells, which it stores up, and which endure without renovation till required for reproduction. Are these immediate descendants of the mother ovum, or are they, like the other cells of the body, differentiated off by the general laws which cause this also wonderful phenomenon? One is tempted also to remark upon the force which is evoked by the fusion of the male and female elements. It may ultimately prove to be simply chemical; in any case, it is the highest example of what we may still, for the want of a better name, call vital force. And it has this peculiar property, that the product of the fusion not only holds the force within itself, but upon the tissues on which it rests it acts as a powerful stimulant, and that not tending to its destruction, but enduing it with an increased vitality, whereby each elementary tissue is increased and multiplied.

The Mucous Membrane of the Uterus,

Before, during, and after menstruation has been studied by Kundrat:—

He describes the ordinary characters of the mucous surface as markedly altered at the monthly period of uterine activity: it is swollen, thick, and loose, and almost diffluent, covered with a whitish or bloody mucus, freely injected in parts, and in many cases uniformly colored of a deep red. A microscopical examination reveals increased abundance of the cellular matrix, with great elongation and dilatation of the glands. But what he especially points out is that the condition of the uterus just described probably precedes the occurrence of the discharge of the ovum, and, what is perhaps more striking, the menstrual flow, by several days. The uterus appears prepared for the receipt of the ovum a certain time before the rupture of the Graafian vesicle. At the menstrual flow, and for a short time after it has ceased, careful examination shows a remarkable change in the microscopical appearances. The cells of the stroma and the vessels, as well as of the epithelium of the glands and surface, are dull in appearance, and filled with fat granules. Kundrat believes that the hemorrhage does not cause the fatty change, but is caused by it. The anatomical sequence of events is the swelling of the mucosa, fatty change in the cells and vessels, vascular rupture and hemorrhage. The type of the impregnated uterus is seen in the active uterus when the mucosa is swollen and menstruation has not yet commenced. If the bleeding does commence, it is a sign that the ovum has perished, and that the mucosa is returning to its state of rest. According to this view, a developing ovum or growing embryo belongs, not to a menstrual period just passed, but to one just prevented by fecundation.

The Forces of Labor.

One of the most important questions in obstetric physiology under discussion of late, has been that of the forces employed in labor. Many have raised the question, as, for instance, Haller, and Lithopædus Scriverensis, quoted by Swift in his *Tale of a Tub*. Both these placed the force at a high point, the latter, indeed, at 400 lbs. The question, however, remained latterly in abeyance, until Dr. Matthews Duncan, and, at the same time and independently, Poppel, of Munich, carried out numerous experiments on the power required to burst the membranes. Dr. Duncan found the toughest membrane of an easy labor to require 29 lbs. for an os uteri of four and a half inches; Poppel, 19 lbs. for an os uteri of four inches. Two or three years after these experiments, Professor Haughton calculated that the full force of the uterus itself was about 52 lbs. on an os uteri of four and a half inches, calculating from the area of the uterus, the thickness of its walls and its curvature. Having obtained this result, he argues that, as nature does not employ more power than is required, the resistance of labor is only somewhat below this. But, in calculating the force of the accessory powers, he came to the conclusion that they were far in excess of that of the uterus, equal, indeed, to 523 lbs. on the area of four inches and a half diameter; that is, for the maximum power exerted. It would be out of place to go into the calculations, but I may say that he took two bases of calculation; one, the weight of a mass of given size, capable of being lifted on the centre abdomen, and then calculating for the whole area; and, the other, the thickness, area, and curvature of the abdominal muscles. He assumes that the uterus itself does no more than rupture the membranes, and that the auxiliary forces do the major portion of the remainder.

It is evident that, before this important point is thoroughly cleared up, some further experiments must be made; because, I think, most persons accustomed to operative midwifery would find it difficult to acknowledge that a force equal to a quarter of a ton can be, in even the most forcible labor, put on the parturient passage. Either some loss of force takes place, or else Professor Haughton has overstated the strength of the muscular tissue of the uterus and the auxiliary forces. No doubt, where the waters have escaped, the pressure is not so direct nor so great as when plenty of fluid is present, because a considerable amount of force is exerted laterally against the body of the child; and we know that, in some forms of labor, although the uterus is acting most violently, the effect on the fœtal head, *quoad* descent, is next to nothing, the whole force being exhausted in compressing the child, to its great detriment. Again, although in easy labors the contractions of the body and fundus take place universally on the contents, yet those who believe in the peristaltic nature of the contraction will see that the whole of the uterus is not engaged in the action at any one time, and that something must be taken off its total force when considering its expulsive power.

Determining the Size and Sex of the Fœtus in Utero.

In conclusion, let me mention that investigations have been carried out with a view to determine the size of the fœtus, and also the sex of fœtus in utero. Ahfeld, of Leipsic, has attempted to ascertain the size of the child, in order to calculate the period of gestation, and more especially to make out before labor if any disproportion exists between the fœtus and the genital passage. He pays special attention to the size of the head, the hardness of the bones which form it, and the condition of the sutures and fontanelles. The patient being placed on the back, with the thighs flexed, if the long axis of the uterus be from above down, the position of the fundus uteri is marked on the abdomen, and then one arm of Baudelocque's pelvimeter is guided by the finger along the vagina to the occiput of the child. The

length from head to breech is thus ascertained, and by doubling this we have the entire length of the child. Ahfeld has collected the results of measurements made in two hundred and fifty cases, and gives much interesting information. In one of the tables which he gives, the relation between the length of the child and the two transverse diameters of the head is recorded. So far as these investigations go they are very valuable.

The interesting fact that the sex of the child can in a large proportion of cases be ascertained by auscultation during pregnancy has also lately been made known. When the fœtal pulsations number 144 per minute, the child is probably a female, when they are 124 per minute, probably a male. It is said that a little variation from 124 upward, and from 144 downward, will not alter the diagnosis, provided auscultation be practiced towards the end of pregnancy. Steinbach was correct in forty-five out of fifty-seven cases which he examined, while Frankenhäuser was right in all the fifty cases which he examined with a view to determine the sex of the child.

A Peculiar form of Dysmenorrhœa.

Dr. GEORGE H. KIDD, Vice-President of the Obstetrical Section, calles attention to an unnoted form of dysmenorrhœa. Having sketched the general history of the disease, he proceeds:—

I have thus sketched the history of dysmenorrhœa caused by obstruction to the exit of the menstrual fluid, chiefly from the facts recorded in my own case-books. From the same source I have now to describe another form of the disease, one in which the symptoms are so different that it is impossible they can depend on the same condition. In these cases the disease, instead of being usually congenital, is always acquired. It may be in early girlhood, or it may be after having given birth to several children. In one case the patient had been married eighteen years and had no family. "While at school, through neglect," she said, "uterine disorder commenced, and has continued without intermission ever since." In another case, the patient had been married six years; she had had two children, the youngest nearly four years old. She had not nursed either. She had never recovered thoroughly after the birth of her last child, but it was only within the last year menstruation became painful. In another, the disease set in after the birth of her third child. The patient became pregnant a fourth time, and nursed this child three months; but she was in bad health all the time of her pregnancy and while nursing. When menstruation returned, after weaning the child, it was as painful as ever. In many cases, the disease supervenes on the mechanical dysmenorrhœa, but the symptoms are so different that the patient can herself tell when this took place.

In the former group of cases, the pain commences simultaneously with the discharge or after it has appeared. In this the pain begins a week or ten days, or more, before menstruation, and at the same time that the pains occur in the pelvic region the breasts become painful, hot, swelled, and tender to the touch. The pelvic pains are spoken of as dull, achy pains; they are felt in the pelvic region, and extend down the thighs to the back. They are not the acute paroxysms of pain of the former cases; they are aggravated when menstruation actually begins, and often continue throughout the whole period, but more frequently are relieved as soon as the discharge is established. They then cease, and return on, it may be, the fourteenth day; that is, at the middle of the interval. This "intermediate pain," as Dr. Priestley calls it, may last only a few days, or it may continue and increase in severity till the next menstruation, the only interval of ease being for the first ten or twelve days after menstruation.

Menstruation in these cases is often irregular, generally retarded; sometimes it comes too soon, and in some cases a whole month may be passed over, but the pain occurs when the menstruation is due, even though the discharge does not appear.

The discharge is generally scanty, but sometimes it is excessive. Its appearance is almost always preceded or followed by severe headache, often by vomiting, and, during its flow, palpitation is often complained of, also frequent micturition, and sometimes tenesmus and kneading in the rectum.

Miss H. states that menstruation has always been painful during the first two or three hours, but for the last two or three years she has suffered very much from pain for a week before menstruation begins, and at the same time her breasts have also become very painful. She has had much palpitation lately, and severe headaches before menstruation begins.

Mrs. W., married seven years, no children, states that menstruation was always painful at the beginning, but, since marriage, she has suffered for a week before it begins, from pain round the sides, stomach, and back, and from pain in her breasts, which become swollen. About five years ago the os uteri was slit, after which she became pregnant, but aborted at the end of the third month. The painful menstruation continues, notwithstanding the operation and pregnancy. These were cases in which the form of dysmenorrhœa, of which I now speak, supervened on that due to obstruction; on examination, in this latter case, the uterus was found normal in position and size. The os and cervix were quite healthy, but the os was very open in consequence of the operation that had been performed on it. The right ovary, however, was found to be swollen, and very tender to the touch.

In many cases, in addition to the symptoms already described, there is a constant dull, aching, sickening pain in the back; and there is so much pain *in coitu*, that all attempts at intercourse have to be given up.

Mrs. C. has been married ten years, and has no family. For many years she has had painful menstruation, the pain beginning more than a week beforehand. The os uteri was twice slit, without in any way relieving the pain of menstruation. She has also had the orifice of the vagina dilated, for the pain *in coitu*, but without benefit. On examination, the vagina admitted a full-sized speculum with ease; there was no contraction or spasm at the orifice. The uterus was found with the cervix slit, but otherwise healthy, and the right ovary was found lying in Douglas' space, somewhat enlarged and tender to the touch, the pain, on pressure on it, being of the same character as that caused by intercourse.

The Non-restraint System in Insanity.

In the address of Dr. T. H. TUKE, president of the section on psychology, the following remarks occur:—

In 1839, Dr. Conolly, whose attention had been much directed to the experiments of Gardiner Hill, was appointed resident physician at the County Asylum at Hanwell; in his report for 1840, he publicly announced that in that large institution mechanical restraint had been found unnecessary, and was entirely and absolutely abolished! A new era in the treatment of insanity had commenced; the very type of the malady seemed to be changed; fearful raving, desperate struggling, and maniacal excitement, heretofore the ordinary symptoms of mental disease, were now seldom seen; gentleness and kindness were shown to be not only possible, but essential to the proper management of the malady. Under this system, the aspect and demeanor of the patients became so altered, that a foreign physician, visiting the asylum, after seeing all its inmates, gravely inquired, "where it was the real lunatics were confined."

The great success of the "non-restraint system," as it came to be called, in not only rendering insanity a less painful malady, but in conducing to the restoration of reason, had one disadvantage; absorbed in his beneficent work, Dr. Conolly, although an accomplished physician, somewhat neglected medicine. He was so perfectly a master in the art of moral management, and found it so often sufficient, that by him, and to a great extent by his school, the use of drugs was abandoned, or became restricted to a few simple remedies.

Dr. Conolly was one of the founders of this great Association. Many whom I now address must well remember his ever kind and courteous manner, his evidently consummate knowledge of his subject, and the fervid eloquence with which he advocated the beneficent system to which his life was devoted. I was myself his pupil, and it is with no irreverence that I venture to dispute an opinion of one so much loved and honored. But the time is coming when the medical treatment of insanity should assume its proper place; without it, psychology is not a science but an art—we are nurses and not physicians; a wider study of pathology, an increased knowledge of the effect of remedies upon the organism, and a higher standard of education among those specially engaged in treating mental disease, has led to the recognition of the paramount importance of prompt and judicious medical treatment. At the same time, our obligations to the great advocate of non-restraint are none the less; and no physician, however able, can forget those essential principles of gentleness and forbearance in the treatment of the insane, which are so earnestly inculcated by Dr. Conolly.

The Medical Treatment of the Insane.

The improvement in the medical treatment of the insane has also a definite history and a recent origin. In 1845, and in subsequent years, Lord Shaftesbury and the Commissioners in Lunacy were instrumental in passing through Parliament several bills for the benefit of the lunatic poor, especially one providing for their treatment in county asylums, and placing them under the charge of qualified resident physicians. Hence arose a new race of practitioners, carefully trained and selected, and anxious to raise the character and increase the usefulness of their respective institutions. Accepting entirely the doctrine of "non-restraint," there has been no new remedy or method of treatment that has not received due attention and trial from the medical officers of these asylums. In 1841 the *Journal of Mental Science* was suggested and commenced by Dr. Bucknill. Its pages, and those in other periodicals, and the annual medical reports presented to the Committees of each asylum, attest the zeal and talent of their officers, especially in relation to therapeutics, and a still more satisfactory proof, the report of the Commissioners in Lunacy, demonstrates that a very high and increased rate of cure has been attained.

The treatment of mental disease in private practice has improved in a still greater degree. The Commissioners in Lunacy report that the number of insane in private asylums has diminished, and although the absolute number of the insane has increased, and must still increase, it is among the poorer classes only. The table before you, taken from the last report of the Commissioner, shows that while the ratio of increase in the insane population generally has been from 1·97 per thousand in 1861 to 2·49 in 1871, the increase in the pauper class has been from 3·61 to 5·98 per thousand, during the same period.

I think I do not err in ascribing this great improvement to the more general knowledge of insanity as a disease, and its better medical treatment. While it was considered an inscrutable malady, requiring recondite knowledge and peculiar methods of healing, special physicians were sought for, and were, indeed, indispensable; but since the relation between the body and the mind has been

better understood, and mental affections are recognized to be nervous disorders, as amenable to treatment as any other corporeal malady, psychical medicine has ceased to be the sole province of a class; the educated practitioner is now more or less acquainted with affections of the brain, and the physician engaged in the care of the insane must be well trained in general medicine.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received from the author, "La Pinzetta Stafilorafica inventata e prodatta dal Professore Cavaliere Gætano Giovanini di Bologna," a description of a new pincette in the operation of staphiloraphy. A cut and description of it is given on page fourteen. It is a modification of that used by Sotteau and Colombat, but arranged so as to be held in the hands somewhat more conveniently.

——Dr. Wm. B. Neftel, of New York, has had his instructive Clinical Notes on Nervous Diseases of Women, originally published in the *Archives of Scientific and Practical Medicine*, reprinted by G. P. Putnam's Sons, New York City.

——"The Peninsular Journal of Medicine" has reappeared in Detroit, commencing with July, 1873. Dr. Henry F. Lyster is editor. It has a number of useful papers, and the editorial arrangement is judicious.

——The Therapeutic Effects and Uses of Mercury, is a carefully worked up article by Dr. W. H. Doughty, Professor of Materia Medica in the Medical College of Georgia. W. R. Barrow, Atlanta.

——Tetanus and Tetanoid Affections, with Cases, by Dr. B. Roemer, of St. Louis, devotes 96 pages to a very close analysis of the pathological phenomena in this important and obscure class of nervous diseases.

—Dr. W. K. Bowling has written a valuable "Account of the Cholera as it Appeared in Nashville in the Year 1873," which deserves both reading and preservation.

——Hints on School Education and Discipline. By H. Y. Lauderbach.

BOOK NOTICES.

Skin Diseases: their Description, Pathology, Diagnosis, and Treatment. By Tilbury Fox, M. D., London, etc. Second American from third London edition, rewritten and enlarged. With a cutaneous pharmacopœia, a glossarial index, and sixty-seven additional illustrations. New York: Wm. Wood & Co., 1873. 1 vol., cloth, 8vo, pp. 532.

Dr. Fox's manual has had an unusual, and a well-deserved sale in this country and in England. His vast experience in London, and the practical direct method of treatment he adopts, recommend his work to those who want a guide, safe and sufficiently extended, but not burdened with the cumbrous phraseology and useless refinements of many writers on the subject.

To meet this demand in its fullest extent, Dr. Fox has carefully revised this third edition, rewritten most of it, and in fact makes it "practically a new book."

The illustrations of dermic pathology are carefully drawn and engraved with fidelity. Free use has been made in this department of the labors of Dr. Neumann, of Vienna. The manner in which the work is laid before the American public is creditable to the publishers, and doubtless it will be received with marked favor.

On Yeast, Protoplasm, and the Germ Theory. By Thomas H. Huxley, F. R. S.

The Relations Between Matter and Force. By Prof. John H. Tice. Price 25 cents.

These two interesting lectures make up No. 8 of the *Half-Hour Recreations in Popular Sciences*, published by Estes & Lauriat, Boston (for sale in this city by J. B. Lippincott & Co).

Both these articles are entertaining in style, and embody some of the most important results of modern investigations. The American author, Prof. Tice, of St. Louis, advances the theory of "Constitutive Force" as the pervading quality (or is it substance?) which fills the interplanetary spaces and gives to all existence its character of individual being. We do not think he has stated with sufficient clearness the relation of constitutive to active force, and we should like to see this important part of his argument considerably amplified. Nor does he so fully state, as we would wish, the relations of what he calls *constitutism* to correlation. It is because we have felt so deeply interested in his speculations that we allow ourselves these suggestions.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPT. 27, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE OBSCURANTIST DOCTRINE AGAIN.

In these days, when the most eminent investigators of all countries take a pride in bringing their profoundest results to the knowledge of the public in popular lectures and magazine articles, it is curious to note how a certain set of men, *not* the most eminent, and yet holding positions of honorable distinction, seek to defend the ancient doctrine of *obscurantism*—of the superiority of ignorance to knowledge.

In no profession is this more conspicuous than in our own; and in none is the partial success of the obscurantists more to be deplored. All great reforms must come from enlightening the masses; and the narrowness of those who think the truth on *any* subject, when properly presented, is injurious, can only arise from a lack of sociological knowledge. Those views are, we feel certain, rapidly disappearing, and we intend to aid in their disappearance on any and every occasion.

One such presents itself just now in the Annual Discourse before the Massachusetts Medical Society, delivered by Dr. CHARLES E. BUCKINGHAM, Professor of Midwifery and Medical Jurisprudence in Harvard University. The subject of the discourse is, "The Proper Treatment of Children, Medical or Medicinal." Against its matter we have at present nothing to object; the views advocated on infant nourishment are well founded in many respects, though there is no dogmatic law which applies to all children alike, under all circumstances.

But at the close of the address, Dr. BUCKINGHAM, whom we once knew to state that he had an "instinctive aversion" to all books on popular medical instruction, gives expression to that instinct in the following words:—

"There is a penny wise and pound foolish way, in many families, of consulting popular treatises on medicinal treatment; and the more the mother reads, the more doubtful she grows, the more miserable the infant becomes, the more frequently the treatment is changed, the more the necessity arises of sending for the doctor. Oh! the misery, when sick, of knowing anything of ourselves; the misfortune of ever having heard of ulcerated Peyer's patches, of having the knowledge that one has a lung, a stomach, a pancreas, a pineal gland; the suffering from the recollection of how little chloral hydrate killed one man, and the memory of Christison's statement of the very small dose of opium that was fatal in a particular case! And is it strange that, since Buchan is out of date, and the more modern treatise is to be frequently found on the sitting-room table, bearing a surname which so many of us early learned to respect, and which is supposed by many of the public to be his work; is it strange, in the confused and pictorially illustrated medley of no less than three systems of medicinal treatment, that the poor and ignorant mother, who wishes to save expense, hurries her nursing child into its coffin?

"The day may be approaching when popular treatises upon medicine and physiology will be of occasional value, but I doubt whether they will ever be of any more service to the world than popular treatises upon watch-making or the building of locomotives. It may be that some ignorant neighbor's prescription may be lived through, and some tough child may escape the normal consequences of a cold bath administered according to popular rules.

"The case is by no means unknown, in which a shot through the head did not destroy the intellect; and a bullet through the chest has been followed only by a bloody expectoration. The evidence in favor of popular treatises upon medicine is equally strong with that upon the harmlessness of bullets. And the evidence amounts to this, they do not always kill."

This smartness of the orator may have imposed on some whose own ideas were already in his favor, or partook of the obscurity which the speaker wished to diffuse.

The confounding some of the later and admirable treatises on popular sanitation and the general management of disease with the old books, such as Buchan, Warren, etc., is a deliberate fallacy in reasoning, as discreditable to the speaker as it is untrue in fact. It is precisely because the public eagerly crave knowledge on the great subjects of health, the preservation of life, and the home treatment, that is, the correct nursing of disease, and because if the better class of professional writers refuse to satisfy this craving such miserable treatises as those of Buchan, Warren and Gunn are sold by the hundred thousand; we say, it is just because this is so, that we determinately advocate the composition and dissemination of sound works on these branches.

We have, moreover, the gratification of seeing that our views are every year becoming more and more those of the medical profession in France, England, Germany, and our own land.

In all these countries we could refer to names eminent in technical literature which are also connected with admirable popular treatises on professional subjects. Those who pretend to despise the dissemination of knowledge on any ground put themselves back to the Dark Ages, and are like Giant Pagan in *Pilgrim's Progress*, who "does little more than sit in his cave's mouth, grinning at pilgrims as they go by, and biting his nails because he cannot come at them."

Notes and Comments.

Localization of Faculties in the Brain.

Some interesting researches of Dr. H. Jackson and Dr. Ferrier point to the localization of certain groups or combinations of voluntary movements in certain parts of the surface of the brain, and particularly in the convolutions of the hemispheres. From the clinical observation carried on for many years of cases of paralysis and convulsion, in which in the one class of cases abnormal movements of certain groups of voluntary muscles, in the other class absence of movement, were found, after death, to be associated with topographically well-defined lesions of the convolutions, Dr. Jackson had reasoned out the physiological relation between the injured parts and the combined movements which, in some way or other, they controlled or influenced. Following out the principle thus deduced from clinical observation, Dr. Ferrier was led to undertake the very extended and laborious experimental investigation of the motor functions of the brain, of which some of us have seen the results. Compared with that employed in the research last referred to, Dr. Ferrier's method of experiment is simple. It consists simply in exposing the brain of an animal and directly exciting different parts of the surface by induction currents and observing the combined movements which are thus induced. The result is this; that definitely combined and purposive movements of the extremities, of the muscles of expression, of mastication, of the tongue, of the eye, and so forth, are determined by excitation of particular parts of the brain surface, and that these motor regions are so limited from each other that although the spot which rules over one movement may be very close indeed to the spot which rules over another, there is no difficulty in defining the topographical relations, or in throwing one into action without affecting the other. What happens when a convolution is excited electrically? It would be premature to attempt to give an answer to this question. In these facts there is nothing subversive of the notion usually entertained, that these superficial parts of the hemispheres are not, in the physiological sense, *motor centres*, *i.e.*, not centres from which the channels for motor impulses spring, but that they are the seats of thought,

the organs in which the "procession of ideas" of which thought consists goes on. If this is true it is very natural to suppose that when we excite those organs the effect must be to induce thoughts, dreams, fancies. Of these no doubt some, perhaps the greater number, find no visible expression (Dr. Ferrier finds that there are regions of great extent where excitation does not lead to movement), others, being congenitally or by habit associated with movements, act on the centres of movement situated in the central parts of the brain, and produce their visible effects reflexly, just as excitation of the retina by light determines contraction of the pupil, or as excitation of the organ of smell determines sneezing.

Precautions in the Use of Chloral.

Dr. DONOVAN calls attention, in the *Medical Press and Circular*, to some dangers from chloral. He refers especially to "its dangerous effect when administered to patients laboring under acute pulmonary diseases, such as pneumonia, bronchitis, and all diseases whose tendency is to retard respiration. I have, I regret to say, seen not necessarily fatal cases of pneumonia become hopeless after an ordinary dose of this death-producing hobby-horse of modern medicine.

"The first case in which I used it was that of a stout, well-nourished man, of about 25, who was suffering from extreme asthma and insomnia of pneumonia. Its effect on him was quite enough to warn me of its dangers; his wife and himself made me promise on my next visit not to give him any more of that *stuff*, as it was near killing him. He said that a very short time after taking it he lost all consciousness, and suffered from a kind of frightful nightmare, his wife stating that he was raving and muttering all night; when I saw him next morning he was in a state of complete prostration, his powerful constitution alone bringing him through.

"The second and last time it was administered to a patient of mine by a medical man of long standing and large practice, whom I met in consultation, and whose antiquity carried the day against my comparatively juvenile ideas. It was about eight or ten days after her confinement, which had been a dangerous one, when she was attacked with pneumonia; and, against my wish, received a twenty-five grain dose of chloral; the consequence was, what I had expected, in a short time after taking it she sank into a state of low muttering delirium, from which she woke with the death rattles in the throat."

Impotence.

Dr. EMIL DUVAL mentions (*Gazette M. de Paris*) a case of spermatorrhœa and impotence in a young man aged twenty-one, who had been a masturbator, and who had suffered from a severe attack of melancholy, for which he sought refuge again in masturbation.

He was pale, thin, and remarked emissions continually. There was pain in the loins and weakness in the feet, with headache, weakness of intellect, and melancholia, loss of voice, with sleeplessness, diurnal loss of semen, and nocturnal also.

He was treated by ablutions of water at 24° C. mornings and evenings, and the forenoon to a sitz bath for fifteen minutes. Short walks and the use of cold water were enjoined.

In a short time the temperature of the water was lowered to 20° C., and then to 15°. Lastly, in place of the evening ablution, a shower-bath of twenty minutes' duration was substituted, together with a douche for one minute over the whole back and loins. The front of the body, also the parts above the symphysis, and the internal aspects of the thighs were also treated with the douche.

Next an entire cold bath was ordered for three minutes after the shower-bath. Continuance in this treatment for three months produced a perfect cure. The nourishment and intellect became excellent, and the pollutions and spermatorrhœa left off.

Treatment of Diphtheria.

Dr. KUHN, of Berlin, regards diphtheria as of fungus origin, and he endeavors "so to modify the nutrition of the mucous membranes" that they will be unfavorable to the growth of this fungus; this he proposes to do by the use of strong alkaline solutions. He gives fifteen to thirty grains daily of carbonate of potash to a child under three years, and so on in proportion to age.

Burns.

Glycerite of lime used in burns is said by De Breyne to soothe the pain and to prevent inflammation or diminish its intensity; it is prepared from recently slaked lime, one part; glycerin, fifty parts; chlorinated hydrochloric ether, one part.

News and Miscellany.

Address of Professor Virchow.

The great German pathologist was a guest at the recent meeting of the British Medical Association. In an address he delivered he said:—

Is it correct, is it a thing of public necessity, to advance in the path of experiment and of research, and to induce the profession to bring their practical theories into strong connection with the theoretical views of modern science? In my country this question is answered in the affirmative sense. I myself commenced the struggle when, twenty-five years ago, I began my *Archives* of pathological anatomy and physiology, and of clinical medicine, and when I proved the postulate that clinical medicine should be applied to practical physiology. The victory of this tendency was confirmed when, in 1856, the Prussian Government took the decision to found the first pathological institute. Since that time, each year has brought new proofs of the correctness of this way. In all civilized countries this science has followed the same course; and if now the English Government and the English profession agree to found large pathological institutes, what they do is nothing else than to accomplish that national tendency originated by those two most illustrious members of the College of Physicians and of the College of Surgeons, William Harvey and John Hunter. Each pathological institute in the world is a monument erected to the memory of those two heroes of science; and, gentlemen, I believe, if no other reason existed, it should be a duty of gratitude to establish that sort of institute, where their method could be pursued and transmitted to the coming generation. But I am somewhat surprised that such a question should be discussed, and the answer be doubtful, in the country which, for many centuries, has given to the whole world the highest representatives of that successful combination of medical or surgical practice and theoretical speculation. May I be allowed to recall at this time, and in this place, the memory of that man who, after my opinion, is forever the best example of what a correct method and an intrepid philosophical sense can attain, I mean the memory of Glisson. He has shown what calm and diligent observation produces in the investigations of the most dark points of practical medicine, when based upon good anatomical knowledge. But the same Glisson, who seemed to be a mere empirist, employed the most earnest efforts for finding a general formula for the phenomena of life; and it was by following in his footsteps that Haller came to the doctrine of irritability, the fundamental thesis of modern biology. We also, in prosecuting the so-called physiological theory, are in the way of Glisson, in the way of good practice. The scientific man, whether he be a practical man or not, analyzes, diagnoses, divides the phenomena of life. In this way he arrives very soon at an apparently distinctive result. The unity of life, the unity of disease, however, is destroyed. So in the theory of fever we find no resemblance between the modern and generally accepted view of fever dependent on various local and general influences, and the former doctrine of essential fever, placed in each system of older medicine as the head of the special diseases. What is inflammatory fever now, and what was it forty years ago? Now we know that pneumonia is a local affection, developing itself in a regular series of stages. But these stages do not correspond to the stages of fever concomitant and excited by that local affection. Nay, the fever can cease; the disease, considered as a unity, can be finished by a larger crisis; but the local affection is not always finished, it can make further progresses, and it can persist by a series of dangerous metamorphoses. The old unitarian doctrine could not give any explication of these particulars. We observe that pneumonia is a local affection, proceeding ordinarily from lobule to lobule; and, if we look upon the inflamed lung of a man who has died in the stage of acme, we see in the same way, placed side by side, all the different stages of local development. Thus the fever makes its way, and the local affection makes its way; and sometimes we find the local affection without fever, or with only a very insignificant fever. But also the local affection is not a single one. Each affected lobule, each affected lung-cell, presents its particular and independent affection. Should the practical man not recognize these compound things? Should he continue to contemplate the disease as a unity, only because the patient is an individual? No, gentlemen, disease is a unity only in an elementary organism, in a cell. It is always a compound phenomenon in a higher, in a compounded organism; and nobody will have a perfect knowledge of disease if he be not enabled to divide the disease into its elementary components. This is shown by that branch of medical science which has now reached the highest degree of scientific surety, ophthalmology, whose methods make it possible to fix real elementary pathological alterations, and their continuation to compound diseases. So, gentlemen, will the physiologist divide the so-called fever into a series of elementary processes.

Anecdote of Nelaton.

A medical writer tells the following little story of the great French surgeon, Nélaton. Speaking of a visit to one of the Paris hospitals, he says:—"As we passed into the hall we heard groans, evidently of a child in great pain. The door leading to the sick ward was ajar, and as we approached we heard the voice of a man talking earnestly with a little sufferer. There was something very affecting in the imploring tones of the child's voice and the tender and sympathizing replies of the physician, and it seemed to us no breach of etiquette to

witness unseen through the crack of the half open door the scene that was passing within. On a narrow pallet near the window lay a fine boy, nine or ten years old, dying of cancer developing itself between the eyes and behind the nose. It had not shown itself externally, but had destroyed the sight, and was attended with excruciating suffering. By his side sat a stately white-haired man holding with one hand the two of the little patient, while with the other he caressingly smoothed his hair. The child told the story of his pain, '*Ah je souffre tant!*' to which the old man listened patiently, promising to devise some relief. Then he rose to go, but first bent over the boy, and with tears dropping from his eyes, kissed his forehead as lovingly as a mother. The white haired man was the world renowned Nélaton, lately summoned to attend the fallen Emperor."

Various Theories.

After the meeting of the American Association for the advancement of science, "Section 2" went in for a little fun. One member, remarking on the frequency with which naturalists were mistaken in their first impressions, approached the blackboard and drew a fragment of bone, which, he said, a friend, a naturalist, had reconstructed an animal from. The reconstruction was effected on the blackboard, and something like a terrific tomcat was the result. Meanwhile, he described the bones and parts as he added them, drawing and speaking at the same moment. Then he suggested certain anatomical objections and possible improvements, which produced an amusing change in the figure. Finally, he said, they concluded to restore the fragments on a different hypothesis. The fragment was drawn again, and in an instant a few strokes drawn additionally revealed its true character. It was the handle of a jug.

There is a wise lesson in that joke.

Medicines Subject to Stamp Tax.

In a letter to Supervisor Alex. P. Tutton, of Philadelphia, the Commissioner of Internal Revenue states that "medicines and medicinal preparations, to be exempt from the stamp tax, must not be patent or proprietary. They must not be put up in a style or manner similar to that of patent or proprietary medicines. They must not be advertised as having any special proprietary claim to merit, etc. They must not be sold or offered for sale, or advertised under any other name, form or guise than that demonstrated and laid down in the authorized published medical works or journals.

Whoever departs from these plain and simple rules in making, preparing, recommending to the public, and vending, or offering or exposing his medicines, etc., for sale, has no claim under the law to exemption from the stamp tax.

Water of All Flowers.

An ancient formulary of the seventeenth century has this prescription which was to produce a "Water of All Flowers" (Aqua Florum Omnium). The process adopted is remarkable for its simplicity and logical accuracy.

"Send a cow into a meadow full of flowers; when she has eaten all the flowers gather the dung, distill it, and you have water of all flowers."

Return.

Dr. J. Solis Cohen, one of the recent delegates of the American Medical Association to the British Medical Association, has returned to the city.

—The court has appointed Dr. Samuel Ashurst a member of the Board of Health of this city, to serve until July, 1876, in place of Dr. Franklin D. Castle, resigned.

—Hon. Daniel Sturgeon, M.D., ex-United States Senator from Pennsylvania, resides in Uniontown, Pa.; he is in the 84th year of his age.

MARRIAGES.

Gaston—Brown.—At the residence of the bride's father, on the 28th of August, 1873, by the Rev. J. R. Gibson, assisted by the Rev. D. E. Platter, Dr. E. M. Gaston, of Tranquility, O., and Miss Nancy J. Brown, of North Liberty, O.

Houghton—Palmer.—September 18, at the residence of the bride's parents, by Rev. O. A. Roberts, Marie C., daughter of Dr. Simeon Palmer, of Fairhaven, Mass., and Francis W. Houghton, of New York city.

MacWhinnie—Scofield.—September 18th, at the residence of the bride's parents, by Rev. Lyman Abbott, of Cornwall-on-Hudson, N. Y., J. Wallace MacWhinnie, M D., and H. Adele, only daughter of J. L. Scofield, Esq.

Ridenour—Angier.—In Newtown, Mass., 10th inst., by Rev. B. K. Pierce, Miss Henrietta J. Angier, and Dr. W. T. Ridenour, of Toledo, O.

Tillotson—Murdoch.—September 10th, 1873, at the residence of the bride's father, Dr. Wm. M. Murdoch, by the Rev. Frank Sewell, Lieut. E. Tillotson, late U. S. Army, and Miss Mary E. Murdoch, of Urbana, O.

DEATHS.

Flatley.—In Canton, Mass., 6th inst., Thos. W. Flatley, M. D.

Kitchen.—At Toledo, O., September 11th, 1873, of cholera infantum, Charles F., infant son of Dr. F. A. and Anna M. Kitchen, aged 4 months and 11 days.

Mason.—In New York, September 16, 1873, Goodwin, only child of Dr. R. O. and Marian J. Mason, aged 11 months and 13 days.

Murray.—Recently, at his late residence, Stone Fort, Ill., Dr. Thomas Murray, aged 50 years. Dr. Murray was a practitioner of long standing, and established a reputation for ability and uprightness, both as a professional man and as a citizen. His loss is severely felt by a loving family, a large circle of friends, and the community.

Swoope.—At Pittsburg, on July 1st, 1873, George E., youngest son of Dr. William and Hannah E. Swoope, aged 22 years and 6 months.

Winchell.—In New York city, September 2d, after an illness of two weeks, of intermittent fever, Dr. Edward G. Winchell, of Baltimore, in the 41st year of his age.

E. FOUGERA & CO., Importing Pharmacists,
No. 30 North William Street, New York.

LIEBIG'S EXTRACT OF MEAT

OF LA PLATA.

PREPARED BY
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BUENOS AYRES,
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This Extract is a *pure Extract of Beef*, unsurpassed in quality, free from fat and gelatine, each pound of which contains the soluble nutritive constituents of 34 to 36 pounds of the finest beef, exclusive of bones and fat, corresponding to about 45 pounds of good butchers' meat. As a medicinal agent it will be found of great value to the Sick, Invalid, and persons and children of Weak Constitutions, but its most extensive use is for domestic purposes.

It will keep unaltered for years in any climate, and will recommend itself at once for its *purity*, its *permanency* and *cheapness*.

Physicians, by ordering Liebig's Extract of Meat of La Plata, may rest assured of having the purest Extract of Meat that can be prepared.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

BLANCARD'S Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well-deserved favor among Physicians and Pharmaceutists. Each pill, containing one grain of Proto-Iodide of Iron, is covered with finely pulverized Iron, and coated with balsam of Tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

GENERAL DEPOT IN THE U. S. AT
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and the fac-simile of

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Pharmacien, No. 40 Rue Bonaparte, Paris.

BOUDAULT'S PEPSINE,

And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

BOUDAULT'S Pepsine is the most reliable, the only one used in the Hospitals of Paris, and recommended by Professors Wood and Bache (see American Dispensary, 11th edition, pages 1479–1480). BOUDAULT'S Pepsine is sold in powder (in 1, 8, and 16 ounce bottle). The dose is 15 grains 2 or 3 times a day, at meal time.

It is used with great success for *Dyspepsia, Gastralgia, Slow and Difficult Digestion*, following fevers and also for *Consumption* and other *Chronic Diseases*. *Debility of the Stomach* from old age or abuse of liquors is relieved by it, and it is invaluable as a corrective of *Vomiting during Pregnancy*.

PENNES' SALT, FOR BATHS.

A substitute for sea and mineral baths. *Tonic, Stimulating and Resolvent.* Used by over two hundred physicians in the hospitals of Paris, in Skin Diseases, Nervous Affections, Anæmia, Chlorosis, Gout, Rheumatism, Sciatica; also, Colics, Cholera Morbus and Gastric Affections.

CAPSULES RAQUIN.

(Approved by the Academy of Medicine of Paris.)

Copaiba pure—Cop. and Cubebs—Copaiba and Iron—Copaiba and Matico.

Their prompt solubility in the stomach insures their superiority over other Capsules of the sort. They cause no unpleasant eructations. Dose—Four to six capsules three times a day.

This injection, approved by several Academies of Medicine, is so well known for its sure and prompt action, that it is

INJECTION BROU

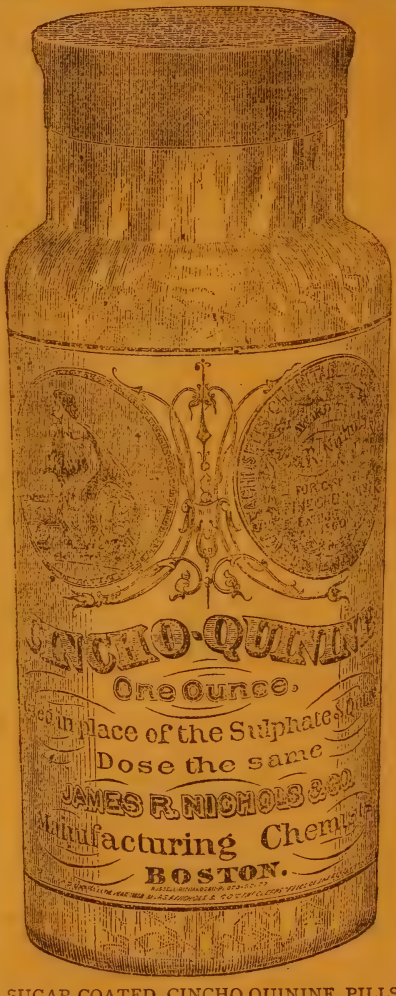
called INFALLIBLE. It is used without any internal remedy, and enjoys a world-wide renown.

CINCHO-QUININE.

Cincho-Quinine holds ALL the important constituents of *Peruvian Bark* in their alkaloidal condition. It contains no *sulphate* of *cinchonine* or *sulphate* of quinine, but *cinchonine, quinine, quinidine*, etc., without acid combinations. It is now nearly four years since it was placed in the hands of physicians for trial, and the verdict in its favor is decisive.

At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has *equal* tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

The cut below gives the size of the ounce phial, and the form of putting up.



Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—*J. M. ALDRICH, M. D. Fall River, Mass.*

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—*J. H. FREY, M. D., Perry, Iowa.*

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—*SAMUEL W. COONS, M. D., Madison, Ala.*

I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—*J. C. DOWNING, M. D. Warping Falls, New York.*

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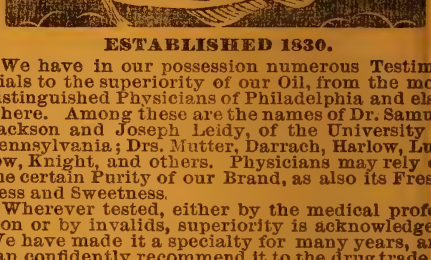

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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

THE HYGIENE OF PRIMARY SCHOOLS.

BY DR. R. J. O'SULLIVAN,
Of New York City.

[We are permitted to make the following extracts from a lecture on this subject by the above author, delivered before the Academy of Medicine of New York, to which we add some remarks by other eminent physicians of that city.]

AGE OF ADMISSION.

What should be the minimum age for admission to school? Some very high authorities would have it seven years, saying that no intellectual work should be required of a child before it has attained that age. We may grant the conclusion here while questioning the premises. Seven years is an early enough age for a child to be sent to school, *not* because the mental exertion would be injurious to its healthy intellectual growth, but because school life, under its present hygienic surroundings, is very unfavorable to the child's physical development.

If intellectual work were the thing that does injury to the infant mind at school, then no child could ever reach even its seventh year, school or no school. During those early years it is that the observing faculties are most wakeful, and it is then that the groundwork of all our philosophies, of all our religions, of all our fixed ideas is laid. Acquisition of knowledge is going on at every instant, and the avenues between the outer world and the mind of the child are free and open as they will never be again. The child's mind is unfolding like a flower to the sun, and knowledge is its very life. But this acquisition of knowledge is not a task. It proceeds according to Nature's methods, and attains its ends without jar or strain. It cannot, therefore, be the intellectual work of the school-room *per se* which is injurious to the healthy growth of the youthful intellect; it must be our faulty methods of instruction.

Viewing the question in the abstract, therefore, I should say that intellectual occupation or work is not inimical to the development of the infant mind; on the contrary, it is the very condition of that development. When Nature's processes are followed, the acquisition of knowledge, far from being a hateful task for the child, is a delightful occupation. But it will be said that our system of education is fixed and practically unalterable, and that if it has its disadvantages these must be borne with. It does indeed look as though only a very distant future would see that change in our educational system which every philosophical mind desires.

DIVISION OF TIME IN SCHOOLS.

But even though the age of seven years were fixed as the minimum for admission to the schools, it would still be necessary to modify considerably the routine of scholastic exercises. The hours of study are too long, especially in the infant classes. It is extremely unwise to require of little children that they shall observe silence and sit quiet in their places for any length of time.

The very condition of the development of mental or bodily faculties is use, exercise. But in school the child is required to refrain for hours at a time from that play of the muscles, from that exhibition of exuberant life which is so natural to it, which, indeed, is as necessary for it as the inhalation of pure air. I have found primary schools in which the pupils were allowed no recess between their entry into the school in the morning and the dinner hour, or between one o'clock and the hour of breaking up. Of course I lost no time in suggesting the remedy necessary to correct such a state of affairs, but, even with the usual forenoon fifteen minutes' recess, school life cannot fail to have an injurious effect upon the health of the pupils.

RECREATION MUST BE SPONTANEOUS.

No military drill-sergeant exercises will afford a competent substitute for the spontaneous activity of childhood, on which healthy physical development depends. Such concerted exercises are of the nature of a task; they are not recreation. They are too stiff, too formal for the ingenuous minds of children. Their own sports and amusements are infinitely better fitted to develop their powers symmetrically than the most cunningly devised system of calisthenics in the world.

What is called *cramming*, is a practice that ought to be frowned down by every honest man. It consists in loading the memory with a heterogeneous and undigested mass of dates, and rules, and formulas, generally with a view to demonstrating at a public examination or exhibition the excellence of the instruction given at a school. There is more wear of brain and more worry attendant on the preparation for such exhibitions than they are worth. As a rule, we might hold concerning mental pabulum as of corporal food, that so much is *useful* and *used* as is needful at the time it is taken; any excess is rejected at once, or remains only to cause discomfort. Perhaps these remarks might be extended a little and applied to the subject of multiplied studies; but I do not care to discuss every incidental matter. And yet I cannot refrain from just hinting at another analogy here, between the admission of knowledge into the mind and of food into the stomach. It is found that a few plain dishes are more promotive of health than a great variety of exquisite viands.

INJURY TO THE EYE.

In an address before the State Medical Society, Dr. R. Agnew calls attention to the increasing prevalence of asthenopic, refractive and neurotic difficulties among scholars of both sexes. "These maladies are," he says, "growing rapidly more prevalent in cities, schools, colleges, and other centres of civilization." The same complaint is echoed from Germany. In England inflammatory diseases of the eye appear to be causing some alarm, as the pages of the London *Lancet*, for the past two or three months, will show. The disorders to which Dr. Agnew refers have their cause in a deficiency of light or imprudent use of the organs of vision, while the ophthalmic disorders spoken of in the *Lancet* are due to defective general hygiene.

VENTILATION.

It is of supreme importance that perfect ventilation should be secured for all school buildings. The first thought of the architect who plans a school house should be how he may best solve this great problem of ventilation. The external appearance of the building should be only a secondary consideration. There is in reality no conflict between these two things when they are properly understood; between perfect adaptation of a building to its destined uses and artistic beauty. Indeed, the beauty of a building must consist in its adaptation to its ends. If it is ill-adapted, but yet possessed of a certain pleasing symmetry of form, we may say that it is a beautiful *object;* we should scarcely say that it is a beautiful *building.*

The problem of ventilation is one of considerable difficulty, and we are yet to find its perfect solution. In a climate so variable as ours, where the changes of temperature are so sudden, and have so very wide a range, it is no easy thing to conciliate the antagonistic demands for warming and ventilation.

CONTAGIOUS DISEASES.

That no pupil should be admitted to a public school who is affected with any malignant or contagious disorder, would be readily admitted by all. But yet there is no doubt but that in certain districts this plain dictate of sanitary prudence is disregarded, and the consequence is that skin diseases and ophthalmic affections spread among the pupils. A weekly inspection of the scholars, and especially of those applying for admis-

sion, to be conducted by a physician, would be a very desirable measure.

With regard to the precautions to be specially taken against the spread of small-pox, it is indispensable that every pupil should be vaccinated, as the *sine qua non* condition of being admitted to the schools. While I was connected with the Board of Education as visiting physician, I had the opportunity of witnessing in a very striking way the efficacy of vaccination as a prophylactic against small-pox. Of 40,000 pupils vaccinated, not one was attacked by the malady, though the epidemic raged through the city for months.

Remarks of Dr. C. J. Agnew.

These were principally directed to the subject of

NEAR-SIGHTEDNESS.

He remarked: It becomes my duty to say a few words regarding the prevalence of those forms of eye disease which may fairly be set down as preventible. Every practitioner who is called upon in our city to engage in ophthalmic practice will testify that those forms of eye disease which are directly traceable to over or faulty use of the organ are greatly on the increase. Of these maladies near-sightedness may be taken as the type and example. Near-sightedness is increasing, and can be traced without the slightest difficulty to the influence of both public and private schools. Such a statement, capable of easy proof, does not produce the impression upon the public mind that it should, because there is profound ignorance among the public as to the nature of near-sightedness. Most persons think that a near-sighted eye is a good eye to have, that it is a "strong eye," one in which there is an economy of visual force not enjoyed by eyes that see well at long range as well as near at hand; that a near-sighted eye may cause some inconvenience to its possessor during his early life, to be compensated for, however, by his being able to dispense with convex glasses for vision after forty years of age. There is in this belief just enough of truth to place it among the other common popular fallacies.

Remarks by Dr. Jacobi.

Dr. JACOBI, in his observations in the foregoing lecture, devoted especial attention to the question as to the proper age at which children should be sent to school. He remarked that although the literature on the pathology of infancy and childhood is very extensive, the monographs and papers on the physiology, particularly on the brain and nervous system in general, of that period of life are but very few. As far as the relative proportions of the single organs of the body at different ages are concerned, we are even compelled to look for information on those subjects more at the hands of such scientific men who teach, or are taught, in artists' schools, than of anatomists proper.

The functions of the brain depend on its development. Fat and phosphorus appear to be in a certain proportion to its action; in the adult it is mostly found in the white substance of the brain; in the embryo and the newly born in the medulla oblongata. Thus it is, in part, explained how the principal functions of the newly born and infant are concentrated in this part of the nervous system. There is, besides, less of those substances in the young than in the old.

Other differences are exhibited by the per centages of water. The more water, the lesser the function. In the new born least water is found in the medulla oblongata 84.38 p. c.), another proof of the superiority of this part of the nervous centre. Next comes the pons Varolii (86.77) which has the very smallest amount of water in the adult. The white substance of the large hemispheres contains most (89.93) in the infant, while it has less in the adult; and the gray substance of the infant has 87.76 per centage of water, while it contains a large per centage of it in the adult (without, however, obtaining the same absolute per centage of the infant). In this respect, while the embryo (also the infant) is so much inferior to advanced age, it ranks equal to the very oldest age of the human species or the lower vertebrates.

In the embryo and newly born there is no or little difference between gray and white substances. The difference is a condition *sine qua non* of the normal action of the brain in advanced age.

In the infant the whole mass of the brain is soft, uniform, grayish; the ventricles smooth, the convolutions are but few, and large. In the adult the differences of the brain substance are better marked, the ventricles more elaborately formed, the convolutions more numerous and irregular.

In the infant the nerves are larger in proportion (only the sympathetic ganglia large),

the spine more developed in proportion. Therefore more reflex action, with powerful circulation, than intellectual work.

The head of the new born is one-fourth of the length, one-fifth of the weight, of the whole body. Its base is short, therefore the occipital bone horizontal; it is wide between its parietal tubera, therefore spherical, being low and narrow anteriorly.

The cranial cavity of the new born (of 482 cubic centimetres) amounts to one-fourth or one-third of that of the adult, and grows very rapidly (999 entire c. m. in the second year). The growth, however, is not uniform. Originally the occipital portion amounts to five per cent., parietal 81.11, frontal 13.89, of the whole mass. Of these the first grows very fast, the second decreases a little in the second year, and the third grows but little.

The weight of the cerebellum in the infant (25 grammes, 7 drachms) amounts to six-sevenths per cent. of the whole brain; in the adult 12 or 14 per cent. Look at the rapidity of the changes: Six-sevenths per cent. at birth, nine-elevenths in two months, 12 or 13 at 10 or 15 years, 12 or 14 in the adult.

The relations of the several parts of the infant and the adult brain are also instructive:—

INFANT.

Anterior lobe,	(60-70 grammes)	=	1-5	of the	adult,
Lateral,	(250 ")	=	¼	"	"
Cerebellum,	(25 ")	=	⅛	"	"
Hemispheres,	(300 ")	=	¼-1-5	"	"

All the parts of the body have their fastest growth within the first three years of life.

Length of body at birth (according to Schadow), 18 inches (German, larger than English); at death, 66. Increase in the first year, 10 inches; second, 4; third, 4; fourth, 3; fifth, 3; sixth, 2; seventh, eighth, ninth, tenth, each 1, etc. A certain retardation therefore with 7 years.

Proportion of upper portion of trunk (chest) to lower in the new born = 1: 2, in the adult, 1 : 1.618. This normal proportion is reached with the eighth year.

Lumbar region grows principally up to the ninth year (then again between 12 and 15); ought to be developed before the children are compelled to remain long in a sitting posture. Retardation of the growth of the lower extremity, as also the trunk, and the whole height about the seventh to the ninth year.

Relation of upper head (cranium) to lower (face) in the new born = 1 : 1. In the adult = 1 : 1.618. This proportion is reached with the eighth year.

Between the fifth and sixth years the base of the brain grows very rapidly, the frontal bone protrudes anteriorly and grows upward. The anterior portion grows considerably, but still the white substance and middle portion of brain are prevalent. These are the organs for the receptive faculties and memory. About this time learning ought to commence in earnest. All the above figures point to the end of the seventh year as the period of beginning mental work. But the gray substance is also developing at that period. It ought to be influenced to a certain degree, like a young tree in the time of its growth, without being strained. Many organs in the brain, many functions. Neglect none, exercise all gently. It is a mistake to exercise one faculty only. Our text-books, in the shape of catechisms, exercise the memory only, and thereby fatigue and exhaust. The compound exercise, consisting in walking, with its changes and co-operative action, is less fatiguing than standing on a single leg. Learning by heart is not learning, and reciting is not thinking; just as little as deglutition is digestion.

The younger the age in which children are sent to school the more they are apt to suffer from school diseases. Improper temperature, bad air, dust, contagion, insufficient respiratory movements, insufficient muscular action, compression of abdominal viscera (thereby nose bleeding, headache), scoliosis. It is apt to commence very early, its causes being local; habit of improper posture, the effort to raise the right shoulder, to hold the head to the left to follow the movements of the pen, the height and distance of the tables, the accumulation of clothing (in girls entering the benches) under the gluteal region, the resting on one (mostly the left) synchondrosis sacroiliara, etc.

Besides, every article which is over-exerted in its physiological function, especially when in the process of normal development, will soon exhibit the symptoms of pathological, in place of physiological congestion. Epilepsy and St. Vitus' Dance are superinduced by over-exertion of the brain, as the latter is also liable to result in exhaustion. Frequently very promising little children become dull and lazy, and older boys trained a few hours daily in an evening school will

often outdo in a short time those who commenced their school drilling at an early age. Moreover the time indicated above is just that in which a spontaneous love for more active work is generally developed.

It is, further, the period when morbid tendencies diminish considerably. Contagious diseases of all sorts and tubercular meningitis are not so frequently observed after the seventh or eighth year. Of all the deaths taking place in New York city, 29.63 per cent. fall within the first year, 10.03 the second, 4.37 the third, 2.40 the fourth, 1.64 the fifth, 3.20 the sixth—thus 51.28 within the sixth year. The period from the sixth to eleventh year yields but 1.50 per cent. Thus the principal mortality has passed by at the time proposed (7–8 years). It is a common experience that orphan asylums containing children from seven or eight to fifteen years have a low mortality, proving that this period of life yields less dangers, while it also exhibits a greater faculty and willingness to undergo mental work on the part of the children. Every organ, the brain like the others, must be sufficiently prepared, when it is expected to be capable of being trained.

The age proposed above cannot be expected to be the exact one in every individual case. No rule will always be valid. The state of health will sometimes be such as to preclude a child's going to school at the age of seven or eight, or at any age. Contagious diseases, insufficient intellect, epilepsy, chorea, retarded growth without any apparent local trouble, acute or chronic organic diseases, deformities, and many other causes, may keep a child out of school, with or without the approval of parents, part of whom are just as apt to send their children to school from vanity or from anxiety to get them out of the way.

Communications.

IS ERGOT AN OXYTOCIC.

BY W. S. BATTLES, M. D.,
Of Shreve, Ohio.

Read before the Wayne County Medical Society, at its regular monthly meeting, Sept. 16, 1873.

There has of late been much said and written on this article of the materia medica, and I am not certain that what I may write will add much, if anything, to what is already known. But for the purpose of eliciting an interest in, and inviting discussion upon the subject, I would ask a few questions and note a few observations.

And I would first inquire, is Ergot anything more than a powerful diffusible stimulant, asserting with great rapidity and certainty its force in certain atonic conditions of the system? Does it not belong to a numerous class of medicines now well known to affect primarily and exert their chief action through the sympathetic nerves? Does its action in ordinary hemorrhagic conditions differ from that which it exerts when administered as an oxytocic, and have the paradoxical observations made as to its effects differed in the least from those made in regard to the action of opium, alcohol, quinine, etc.? Does any one hold that when any one of them are administered its action is specific as to the uterus?

Should we find, as I once did, a lymphatic flaccid patient pouring out his life through a small wound scarcely penetrating through the subcutaneous areolar tissue, would we administer any of the well-known hæmostatics with the idea that they would act specifically upon the few small blood-vessels implicated in the cut? Certainly not! but would expect, by the agency invoked, to remove the hydrostatic pressure, for such it is, from these open vessels by restoring them to, or at least arousing for the time being, the working capacity of the muscular walls of the *entire* capillary circulating system.

Any one who has had any considerable experience in obstetrical practice knows with what difficulty we are able to diagnose many cases coming under our observation. Here is a case in which we have regular pain, with marked contractions of the uterus, the os patulous and even considerably dilated. We give opium; the pain ceases, the os contracts, the patient becomes comfortable. She would have done so under the influence of alcohol, quinine, or ergot. It was neuralgia, consequent upon an atonic condition, and all that was necessary was the introduction of something to arouse the working capacity of the machine, and a physiological condition asserted itself, not only in the uterus, but throughout the whole organization, or rather through the whole organization, the uterus coming in for its own share, only, of this vis vita.

Again, we find a patient where all the manifestations of labor are present, but the process goes on slowly or ceases altogether;

we administer an ounce or two of alcohol, and very soon action is aroused, the labor speedily terminates; and it would have done so, precisely, under the influence of ergot, quinine, opium, or any other medicine that has the property of an excitant of the latent energies of the most wonderful part of our nervous system, the nerves of organic life.

Hence, ergot may or may not be an oxytocic; quinine is or is not an oxytocic; and the *is* or *is not* solely dependent upon the condition of the pregnant female at the time of its exhibition. We here refer to quinine especially, as we have noticed that it has been of late catalogued with ergot as an ecbolic, and by some very clever practitioners proscribed entirely in pregnancy.

Practicing, as we always have done, in a malarious district, in a portion of which death from congestive chill has been of frequent occurrence, I have relied upon quinine as a measure of protection to all the pregnant women coming under my care in these neighborhoods, prescribing it in large doses, and have yet the first accident to record from its oxytocic effects.

And in women of relaxed habits, threatened with abortion, especially when hemorrhage is present, I administer with the utmost confidence the ergot of rye, and have not now, nor do I ever expect to report any unfavorable results.

If we have a female in actual labor, and there is no disparity between the size of the fœtus and the mother's pelvis, and the woman in a perfect physiological condition, we have a case in which there is very little medical or obstetrical interest; *the thing will do itself;* in fact, I know of no means to prevent it; for, narcotize her with opium, deaden her with chloroform, intoxicate her with alcohol, or bring her under the anæsthetic action of ether, it is all the same, the little fellow will *have his own way*, and appear in spite of us.

To have children is a very natural, and, comparatively, a very easy thing for a perfect woman to do, and it is not a very hard thing for a woman much below this standard to do, providing we, even for the time being, bring her into a tolerable approximation to a physiological condition by artificial means.

A woman, perfect in physical structure, and of good health, carries her children too, without much solicitude; in fact, the annals of criminal abortion show most conclusively that she has the utmost difficulty in getting rid of her little "squatter sovereign." He holds on to the possession of what ought to be his quiet abode with a tenacity equal to the aggregate of the vital forces of the mother who carries him; and if a woman below this standard of health can be kept, by a careful dietetic and medical regimen, at or near a physiological condition, the question of the carrying of her child is reduced nearly to a certainty.

Now it appears that the chief difficulty leading to accident in abortive women is asthenia; and hence the work of the physician is primarily to maintain the strength of his patient. This can ordinarily be done by giving careful attention to the condition of the digestive organs; but there are times when pathological condition suddenly and powerfully asserts itself over the physiological, even when the tissues are tolerably well nourished, and manifesting itself chiefly in the depression of nerve force, especially that of the sympathetic system, producing ultimately relaxation of the uterine walls, dilatation of the os, hemorrhage, and death of the child, as its vitality cannot be greater than that of the mother who carries it. This condition, or these conditions rather, sometimes, too, occur at the time of parturition.

Now, if during gestation this pathology should obtain, and we, by the use of ergot or other means, raise the status of the nerve force to or near the natural standard, this physiological condition would favor, nay, it would assert itself in maintaining and continuing the gestation. While if precisely the same thing was done at the time of parturition the condition produced by this same article of the materia medica would manifest its action, perhaps, in the speedy expulsion of the child; being in the one case the means of the conservation of the life of the child, and in the other the means of the speedy delivery of the mother.

That which under the first given circumstances would enable, yes, compel her to carry her child *safely*, would, under the second given circumstances, enable the uterus to safely throw it off.

Now this we believe ergot and quinine will do, and it only remains to be proven that they will do more, in order to maintain that to the pregnant female *they are always* oxytocic.

It does not come within the design of this paper to treat of the dangers and the appropriate treatment of pregnancy where hy-

perasthenia obtains; for in these cases no sane physician would think of prescribing quinine and alcohol; although he might occasionally find a place for ergot and opium.

Medical Societies.

PROCEEDINGS OF THE WAYNE CO., OHIO, MEDICAL SOCIETY.

Wooster, O., July 15th, 1873.

The Wayne County Medical Society held its regular bi-monthly meeting at the office of Drs. Robinson & Weaver, Vice-President Dr. J. E. Barrett in the chair, and the following named members present:—Drs. Barrett, Hart, Hunt, Liggett, Moncrief, Pope, Robison, Weaver, and Wilson.

Minutes of last meeting were read and approved.

It being the day for the annual election of officers a ballot was taken, with results as follows:—President, James D. Robison; 1st Vice-President, George Liggett; 2d Vice-President, D. L. Moncrief; Secretary, J. M. Weaver; Treasurer, Samuel Wilson.

Dr. Todd was continued as Essayist, and J. H. Wallace as alternate.

The following question was propounded and discussed at considerable length:—"Whether that peculiar morbid condition known as *satyryasis* would necessarily be the result of syphilis?"

A case of fracture of the forearm, accompanied by severe neuralgic pain of middle finger of same hand, was narrated, the peculiarity being that the pain always occurred during sleep, no matter what time in the day or hour sleep occurred.

On motion, Society adjourned.

Wooster, Sept. 16th, 1873.

Society convened at the office of Dr. Liggett, President Robison in the chair, and the following named members present:—Drs. Barrett, Battles, Hunt, Moncrief, Pope, Robison, Todd, Wallace, and Weaver.

Minutes of last meeting approved.

Dr. Battles read a paper entitled "Is Ergot an Oxytocic?" which elicited much discussion up to a late hour, and which the Secretary was ordered by the Society to send to the Medical and Surgical Reporter, together with the proceedings of this meeting, for publication.

The following resolution was carried:—"*Resolved*, That as many of the members of this Society as can will attend the next Quarterly meeting of the 'Northeastern Ohio Medical Association,' to be held in Massillon, 4th of November next."

Drs. Todd and Battles each related a case of chronic uterine disease that had been under their care for a considerable length of time.

Dr. Weaver related a case of "painless labor" that came under his observation within a few days since.

Attention of the Society was called to the action of the American Medical Association at its last meeting, relating to the rank of medical officers in the army.

The Secretary was instructed to draw up a petition, for the signature of members, to be presented to the member of Congress from this District.

Society adjourned.

J. M. Weaver, Secretary.

Editorial Department.

Periscope.

The Italian Dropsy.

The Paris correspondent of the British *Medical Journal* quotes the following from a lecture by Professor Béhier on pellagra or Italian dropsy:—

The disease manifests itself by three groups of symptoms, which consist of intestinal and nervous disorders, and a peculiar affection of the skin. It is endemo-epidemic in certain parts of the south of France, in the Asturias, and in Lombardy, where the disease is ascribed to the use of diseased maize or Indian corn. The disease has been observed in the sporadic form in the north of France, and in countries where the maize is unknown; and in 1869 M. Béhier had already met with a case in Paris, in a man who had never been out of the capital. It generally manifests itself in spring, and disappears in winter, and the eruption makes its appearance on the parts most exposed to the sun's rays. Several authors have tried to make out that pellagra was a specific disease, a morbid entity due to a special action of the ergoted maize; but M. Béhier strenuously refutes the assertion, and points out there is nothing either in the etiology, semiology, or pathology of the affection, that would warrant such an opinion. As regards its etiology, the learned professor proved that the disease has been observed where the maize is not the staple food, as in the champagne provinces, in Paris, in lunatic asylums, where the grain is never used. On the other hand, in Greece, and Naples, and Transylvania, where the grain is largely consumed, the disease is unknown. Moreover,

where the maize constitutes the principal food of the inhabitants, the poorer class are affected with pellagra, whereas the rich generally enjoy a perfect immunity from the disease. It will, therefore, be seen that pellagra is not due to a poisoning of the system by a sort of ergotism, as supposed by some, for the ergot of rye produces certain effects which cannot be confounded with the lesions found in pellagra. The ergoted maize acts, therefore, not as the ergot of rye does, but the grain, whether sound or deteriorated, is, when used exclusively, insufficient as a nutriment. The true etiology, continued the worthy professor, consists in misery, privations of every kind, bad and insufficient food, excessive work, defective hygiene, etc.

The symptoms generally assume a cachectic character, and, as regards the erythema that occurs in pellagrous subjects, it may be explained thus: The skin, badly nourished and weakened, like the rest of the body, is more liable to external influences; and the sun's rays, which in a healthy individual produces no cutaneous lesion, would, in weakened subjects, cause erythema and phlyctenæ, which proves that the erythema does not bear the same relation to the general condition of the system as does the eruption in certain general specific affections, such as syphilides, the eruption of exanthematous fevers, but that it is an erythema due to traumatism, the cause in this case being the sun's rays. Besides which, the seat of the lesion, always existing in the parts most exposed, would be another argument in favor of local traumatism. The recurrence of diarrhœa, and the disorders of the digestive tube, require no other explanation than what takes place with other people, when large quantities of liquid are imbibed to satisfy urgent thirst, particularly if the subjects are already debilitated by previous disease. As for the nervous phenomena, as manifested by languor, indifference, hypochondriacism, and even dementia, etc., these form the usual *cortege* of symptoms, resulting from misery, privations, and prolonged anxiety. These phenomena are aggravated in spring, when, for reasons which need not be explained, the sun's influence is more deeply felt; and the same may be remarked in all asylums where mental affections are treated.

Unfortunately, morbid anatomy does not throw much light as to the nature of the malady, as every form of lesion may be found, and that more or less in every organ, but none can be looked upon as specific or characteristic, as has been proved at the autopsy of the patient referred to above, who died three days after his admission into hospital. The following *post-mortem* appearances, for which I am indebted to the kindness of Dr. Straus, Professor Béhier's chef de clinique, were observed in the subject in question. The lesions, on opening the abdomen, were numerous, and sufficient to account for the extreme cachectic condition of the patient. The intestines were studded with tuberculous ulcerations; the mesenteric glands hypertrophied and filled with caseous matter; the lungs adherent, emphysematous in different parts, and infiltrated with tubercular granulations. The brain was the seat of several old apoplectic lesions, and in the right anterior lobe was found a small portion of recent softening with consecutive hemorrhage, which was evidently the immediate cause of death. The back of the hands, and that part of the feet which were constantly exposed (as the man, who was a beggar, wore only slippers without any socks), were the seat of erythematous swelling, and in some places denuded of the epidermis, as if removed by phlyctenæ, and the Malphigian layer was entirely exposed. The other parts of the body which are constantly exposed, such as the face and neck, also bore evident marks of the local action of the sun and air.

The treatment consists in removing the causes, and placing the patient in as favorable a condition as possible, administering at the same time good wine, tonics, and proper substantial food. Pharmaceutical agents are of little use in these cases, but prophylactic measures are invaluable, particularly where the disease is endemic, and where, for want of a just appreciation of its nature, thousands of human beings are carried off annually. These measures, however, M. Béhier declares are not in the province of medical men, they belong more to governments, and to that science which, up till now, has proved of so little use, and to which they have given the name of "political economy." But, continued M. Béhier, if medical men cannot of themselves improve the social condition of their fellow creatures, it is, nevertheless, their duty to fearlessly point out to those in power what is due to the people under their rule; and, if the rulers would only try to meet the wants of the masses, it would reflect more to their credit and bring them more glory than that achieved by arms. M. Béhier then added that, should the medical men fail in their philanthropic efforts, they should, with the authority due to their special knowledge, persevere in their good work; and the accomplishment of their exalted duties ought to make them more and more love their profession, which is unquestionably the noblest of all human callings. Be proud, he concluded, of such a profession, and if you would only cultivate it with dignity and honor, you may hold up your heads with any potentate, as you will have rendered as much, if not greater service to the cause of humanity.

The Physiological Action of Light.

Dr. J. Burdon Sanderson said in a recent address:—

I must refer to the admirable recent investigations of Mr. Dewar and Dr. McKendrick on the physiological action of light; they afford still better illustrations, for the function in question is much more difficult to investigate. In the act of vision the impression of light is received by the retina,

transmitted by the optic nerve, perceived by the brain. In this momentary process changes occur in the retina, of the intimate nature of which little as yet is known, in the sensory centre, of which we know only the effects, and in the optic nerve. It is to these last that Dewar and McKendrick have directed their attention. Just as when a message is transmitted along a telegraph wire a change takes place in the wire, the existence of which we can demonstrate by connecting the wire with the coil of an electromagnet, so, by using methods infinitely finer, we can demonstrate that when a message is transmitted from the retina to the sensory centre, the centre of vision, an electrical change occurs in the nerve. Here, however, the resemblance ceases. Both changes are electrical, but they are of a different nature. A nerve is not a telegraph wire. Dewar and McKendrick's research proceeds from two fundamental facts. The first is that there is a difference between the electrical state of a living nerve and that of the same nerve when it is not living, even though it may be all but living, and that this difference manifests itself in voltaic currents, the intensity of which currents varies with the excitability of the nerve. In other words, the vitality of a nerve, its fitness for its function, that of transmitting impressions, is expressed by the intensity of voltaic currents, which are not transmitted through it, as in the case of the telegraph wire, but developed in every part of it, and can be shown to exist even in the smallest fragment by appropriate means. This fact is expressed by saying that nerve, so long as it is alive, possesses electromotive force. The second fact is that in nerves in general the normal nerve-current, *i. e.*, the voltaic current, which can be shown in any living nerve under observation, is diminished or weakened the moment that the nerve is excited, *i. e.*, whenever an expression is conveyed along it. This is expressed by saying that the normal electromotive force of a nerve is diminished when it is in action. The diminution in question is called the "negative variation" of the current. On these facts, which were first investigated by Matteucci, and, I need not say, apply to muscle in the same sense that they do to nerve, the science of nerve and muscle physiology (the most advanced chapter in the whole subject) has been founded by Du Bois-Reymond, and built up by Chauveau in France, by Pflüger, Eckhardt, Bernstein, and others in Germany. The sum and substance of their discovery is that, according to Doth, the same electrical change which occurs in an ordinary nerve, when it is excited by the passage through of induction currents, a similar negative variation of the normal current, a similar diminution of its electromotive force, is determined in a nerve of a special sense, the optic nerve, by stimulus of light, that is to say, that the optic nerve in transmitting the impression of light from the retina (where it originates) to the centre of vision (where it is perceived) undergoes the same physical change that a motor nerve does when it determines the contraction of a muscle. But this is not all, for Dewar and McKendrick have not merely determined that the optic nerve behaves to stimulus in the same manner as a motor nerve does. They have accomplished what to those who are not conversant with the application of the exact methods to vital phenomena will, I think, appear somewhat surprising; they have measured the quantity of effect produced, and compared that quantity with that of the stimulus used. Light, I need not say, is a thing which can be measured with great accuracy. By means of suitable galvanometers, such relatively inconsiderable currents as exist normally in nerve can also be measured with equal accuracy. Dewar and McKendrick have carried out such measurements; and they have found that when the numbers expressing the results are set down in two columns, so that the effect produced in each observation is placed opposite the number expressing the quantity of stimulus which produced it, the two sets of numbers are not proportional to each other each to each, but stand to each other in relations which are governed by a mathematical law, the so-called psychophysical law. It is not difficult to see how important such a confirmation of Fechner's law is, considering that the law itself was deduced from data of an entirely different kind.

New Method with Laryngeal Growths.

We learn, from the *Press and Circular*, that a new method with these growths has been suggested by Dr. JELENFFY.

This consists in a modification of the operation usually conducted *per vias naturales*, the difficulty of which has hitherto been mainly dependent on the supposed necessity for keeping the passage to the larynx widely open, so that the growth could always be kept in view. Certain instruments, such as Störk's guillotine, Türck's fenestrated knife, and a somewhat similar instrument of Bruns, may be safely introduced into the closed larynx; and, without any danger of inflicting any injury, the growth may be removed. These instruments can only act on a circumscribed projection; and as there are no other circumscribed projections in the larynx but polypi, they can do no injury in any case.

Dr. Jelenffy has a great objection to forceps, as they generally only remove a part of the growth, and leave its base. It is also much more difficult with forceps to keep in the middle line of the larynx (as is always desirable). Confined to certain exceptional cases, the forceps of Fauvel and Mackenzie are nevertheless very good instruments.

In seeking for the growth, a certain area at a certain height has to be searched; and, as in the closed larynx its walls are pressed towards the middle line, we have only to seek the growth through the length of the glottis. Störk's guillotine corresponds to half the length of a vocal cord; so that, if it

be introduced to the anterior commissure of the vocal cords, it sweeps the anterior half of the larynx, and if introduced to the posterior commissure, it sweeps the posterior half of the larynx. As regards the depth to which the instrument should be introduced, this is arrived at as follows. When resistance is felt it shows that the instrument is opposite the vocal cords or ventricular bands, but it cannot be ascertained exactly to which of these parts it is opposite. If the instrument is pushed on a little, it passes into the trachea, and resistance ceases. The vocal cords (on which the growth is usually situated) are therefore evidently situated midway between the first point of resistance and the spot at which resistance ceases, and a sensitive hand perceives this situation. In support of his new method, Dr. Jelenffy adduces four cases on which he has operated. In three of the cases the growth was removed at a single sitting; and in the fourth a portion of the polypus was taken away at the first and only visit of the patient. Although in three cases the growths were entirely removed, in only one instance was the voice completely restored. In two of the cases there was hoarseness from catarrh. In the one in which the growth was not entirely removed the result was not known, as the patient never again presented himself.

Treatment of Aphonia.

The following cases are reported in the *Medical Press and Circular*, by Dr. GEORGE N. MONETTE:—

CASE I. *Aphonia supervening on an attack of dysentery, complicated with right hemiplegia and amnesia.*—J. R., Irish, æt 35, was admitted into Charity Hospital, August 12th, with acute dysentery of ten days' duration. I at once ordered the following prescription:—

℞.—Bismuthi subnitratis, ℥ss;
Morphiæ sulphatis, gr. ij;
Aquæ laurocerasi, ℥j;
Mucilaginis acaciæ, ℥vj.

A tablespoonful to be taken after each liquid stool.

August 13th, greatly benefited, he said, from first dose. Prescription repeated, which entirely relieved him within three days. All medicines were discontinued for several days, and I directed, too, that he should have only very light fluid ingesta, with dry soda crackers well chewed before final deglutition. After the sixth day subsequently to his admission, after a violent tenesmic effort at stool, he felt as if he should faint; suffered from vertigo, weakness, and a momentary inability to stir. There was no acute pain attendant, but he could not utter a word, and his right side was paralyzed.

On the second day after the paresis I ordered the following prescription:—

℞.—Liquoris strychniæ, ℥ij;
Potassii iodidi, ℥ij;
Spts. lavandulæ comp., ℥j;
Syrupi zingiberis, aquæ, aa ℥iij.
Misce et sigma.

Tablespoonful to be taken three times daily, half an hour after meals. I urged him to frequently attempt to articulate. Within three days the patient could articulate "yes" distinctly, but was unable to utter two words in succession. Phonation was gradually restored, and by dint of persevering in this treatment there was entire recovery of each of the impaired faculties; amnesia cured, phonation restored, paresis almost wholly relieved.

CASE II. *Aphonia following severe cerebro-spinal concussion, complicated with loss of gustation, impaired audition and vision; amnesia and dysæsthesia of lower extremities.*—W. J. S. was admitted into hospital October 6th, 1872. He had fallen, three days previously, from a scaffold, a distance of fifteen feet. He remained in a semi-comatose condition for twenty-four hours or more, with loss of phonation, gustation, impaired audition and vision, and volition of lower extremities, and somewhat perverted sensation.

When first seen by me he could scarcely speak in an audible whisper, and his hearing was very dull; his temperature fluctuating, subsequently profuse perspirations, which somewhat alarmed him. There was some dribbling of urine, but no distention of bladder. Enjoined the most perfect quiet, and ordered the same compound as in Case I, conjoined with the best diet the hospital could afford; soft-boiled eggs, milk-punch, or eggnog, with topical application of a cantharides blister to back of the neck, just beneath the occipital protuberance, which gave great relief, and was repeated on the next alternate day. One week's treatment justified the assumption of a favorable prognosis, as day after day returning functions were well evidenced, till finally cured.

After he had sufficiently regained each of his faculties, I ordered ten-grain doses of the potassio-tartrate of iron, three times daily, in solution, and discontinued the original prescription.

The Pathology of Scarlet Fever.

The London *Medical Record* translates the following views of Dr. A. MONTI:—

He says that the intensity of the scarlatinal sore throat is not proportional to that of rash, but differs according to the epidemic constitution.

1. *Simple Scarlatinal Sore Throat* (*angina scarlatinosa simplex*).—This is the most essential and characteristic, and also the earliest symptom of scarlet fever. It begins with more or less uniform redness of the middle of the soft palate, the uvula alone, or the uvula, anterior pillars of the fauces, and tonsils; never the hinder wall of the pharynx alone. The part first affected in small-pox is the hinder wall of the pharynx; in measles the posterior pillars of the fauces and neighboring parts of the pharynx are always redder than the anterior pillars and soft palate. For the first twelve hours there is very little swelling of the affected parts;

children seldom complain of pain in the neck, or in swallowing. This form of angina often renders it possible to suspect scarlet fever before the rash comes out. After twelve or twenty-four hours, the redness (which is at first circumscribed by a very well-marked outline) becomes more intense and extensive; the parts swell also; pain in swallowing and in the neck are felt, redness becomes less uniform, and more punctiform. This punctiform angina commonly shows itself six or twelve hours before the rash on the skin. It is still more sharply contrasted with the natural mucous membrane around. Angina faucium following the course described is quite pathognomonic of scarlet fever. After twelve or twenty-four hours more the redness begins to lessen, and has quite disappeared by or before the disappearance of the cutaneous rash, except in cases which may be called anomalous.

In these anomalous cases the redness of the fauces is livid; and during the height or the fading of the skin rash, great swelling of the uvula and anterior arches of the palate occurs; swallowing becomes proportionally difficult. In cases which do well this swelling begins to diminish in one, two or three days.

In other cases there is a further development of the anginal lesion. Vesicles, miliary in size, beset the uvula, the anterior pillars of the fauces, and the tonsils. The contents of the vesicles soon become turbid, and then there is an appearance as of small false membranes; but in reality the condition differs greatly from the diphtheritic lesion shortly to be described. Small ulcers follow the rupture of these vesicles.

The follicles of the tonsils become filled with an excess of puriform secretion, which is subsequently discharged so as to form a kind of false membrane on the surface of the tonsils. This exudation disappears along with the other anginal lesions.

2. *Malignant Scarlatinal Sore Throat.*—This form of angina consists in parenchymatous inflammation of the tonsils and neighboring connective tissue. The cases in which it occurs are for the most part those in which the nervous symptoms are well-marked. The angina assumes this form from the very first, *i. e.*, in the prodromal stage. Resolution may be the result, but usually small abscesses form in the tonsils. These abscesses either heal or are followed by sloughing.

3. *Diphtheritic Scarlatinal Angina.*—In some epidemics this is a very frequent complication. The author agrees with Trousseau, that the larynx usually escapes. Paralysis of the soft palate sometimes follows; but paralysis of the limbs never. The author minutely describes three forms of scarlatinal diphtheria; the circumscribed, the diffused, and the septic. In the epidemic which he studied, diphtheritic sore throat occurred in nearly one-third of all the cases (31 out of 105); in three cases at the beginning of the disease; and in twenty-eight at the height of the disease or afterwards.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Brooklyn Pathological Society has published, in pamphlet form, a very appreciative obituary of Dr. R. C. Stiles, whose death in the midst of his labors was noted in this journal last Spring. We omitted to state in our notice of his discoveries that he was the first to detect the parasite which causes the "Texas cattle disease," an observation which secured him a wide-spread reputation.

——The Vermont *Medical Journal* and the *Archives of Science* are two publications conducted by Dr. John M. Currier, Burlington, Vt. The former is bi-monthly, 48 pages, $3.00 a year. The latter "is devoted to Geology, Mineralogy, Botany, Zoology, Chemistry, Archæology, Paleontology, Entomology, Microscopy, Astronomy, Mathematics, Physical Geography, Conchology, Comparative Anatomy and Physiology, Meteorology, Ornithology, Ethnology, Physics, Animal and Vegetable Chemistry, and Biology."

BOOK NOTICES.

Transactions of the Medical Society of the State of California, during the years 1872 and 1873. Sacramento, 1873. pp. 252.

Quite a number of excellent articles are comprised in this volume. The report on Surgery, by Dr. G. G. Tyrrell, of Sacramento, gives several cases reported by various observers which will be read with interest. Of the remaining papers we may mention the Report on Medical Education, by Dr. J. P. Whitney; Mortality Statistics of California, by Dr. Thomas M. Logan; How we Become Deaf, by Dr. Ed. M. Curtis; On the Reciprocal Relations between Physicians and the Public, by Dr. F. W. Hatch; on Tracheotomy in Croup, by Dr. Levi C. Lane; Nervous Exhaustion Considered as a cause of Phthisissive Tuberculosis, by Dr. H. A. Du Bois; Insanity in California, by Dr. E. T. Wilkins; on Femoral Aneurism, by Dr. A. B. Stout; on Resection of the Elbow Joint, by Dr. H. H. Toland; on Skin Grafting, by the same; on Cerebro-spinal Meningitis, by Dr. W.

FITCH CHENEY; on State Botanical Farms and Thermal Sanitarium, by the Committee; A Description of New Instruments for Tracheotomy and Staphiloraphy, by Dr. M. B. POND, etc. Handsome lithographic diagrams and illustrations are inserted.

The observations on the peculiar variety of phthisis described by Dr. Du Bois, are striking. He considers excessive devotion to business, combined with excessive venery, as the predisposing causes of a large number of troublesome chronic phthisical maladies.

Transactions of the Kentucky State Medical Society, eighteenth annual meeting, held at Paducah, Ky., April, 1873. pp. 168.

This number contains the address of the President, Dr. LEWIS ROGERS; papers on Medical Education, by Dr. EDWARD RICHARDSON; History of Disease, by Dr. J. J. SPEED; Obstetric Procedures among certain of the Aborigines of North America, by E. MCCLELLAN, Assistant Surgeon, U. S. A.; Report on Surgery, by Dr. J. W. THOMPSON; Report on Vital Statistics, by Dr. D. T. SMITH; on Registration, by Dr. S. A. FOSS; on Recent Improvements in Ophthalmic Surgery, by Dr. DUDLEY S. REYNOLDS; on Laryngoscopy, by Dr. RICHARD O. BRANDEIS; The Therapeutics of Electricity, by Dr. B. TAUBER, and various memoirs. The article by Dr. McClellan contains a mass of original observations, many very curious, the result of which is to show that the squaws have no peculiar exemption from the dangers of childbirth, though their hardy lives enable them to disregard its pains more than their white sisters.

Report of Columbia Hospital for Women, and Lying-in Asylum, Washington, D. C. By J. HARVEY THOMPSON, A. M., M. D., Surgeon-in-Chief. With an appendix. Washington, 1873. 4to, pp. 430. Illustrated.

This handsome volume contains the records of a large number of cases in gynæcological practice, and also of operations on the eye and ear. The former commence with a report of thirty-four successive operations for the radical cure of lacerated or ruptured perineum, all of them resulting favorably. The operating method adopted was a slight modification of that recommended by that martyr to gynæcological surgery, Mr. I. Baker Brown. Various cases in vesico-vaginal and rectal fistula are added. Diseases and displacements of the uterus come next, in which the phenomena and treatment of these lesions are considered at length. In cervical endometritis in these connections the use of pure carbolic acid applied directly to the mucous membrane is recommended beyond other treatment as painless and efficacious. Carcinoma uteri is discussed at considerable length, the result reached being that cancer is of local origin, without any specific cell, excited by a slow interstitial inflammation, its only cure excision or thorough cauterization, and its general treatment palliation. The quotations, cases, and remarks on masturbation in women (p. 202-220) especially urethral masturbation, are curious and instructive. Morgagni's advice, "When any girl complains of a difficulty in making water, inquire very narrowly and force out the truth while it is yet possible to administer relief," is a shrewd suggestion. The appendix contains reports from the dispensary connected with the Hospital, by Drs. F. A. ASHFORD, S. C. BUSEY, and D. WEBSTER PRENTISS.

A Manual of Medical Jurisprudence. By Alfred SWAIM TAYLOR, M. D., F. R. S., etc. Seventh American edition, revised from the author's latest notes and references. By JOHN J. REESE, M. D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, etc. With illustrations on wood. Philada.: Henry C. Lea, 1873. Sheep, 8vo, pp. 879. Price $6.00.

The excellent work of Taylor has long been a recognized authority in forensic medicine, both in this country and in England. The rapid advance, especially in toxicology, which has been made in late years, and the leading cases which have arisen in the courts, require constant attention, to bring such a work down to the latest positions of the two branches of study of which it treats. This in the present instance has been ably done by the author and by his capable American editor. The additions of the latter alone amount to about one hundred pages, and render the book particularly instructive to the American reader, as they chiefly have reference to late cases and statistics in this country. The famous trials of Mrs. Wharton and Dr. Schœppe are adverted to, and important rules drawn from them. Several

subjects not included in previous editions are embraced. The momentous and increasingly weighty questions relating to insanity are entered into with fullness and care. The concluding chapter on life insurance is one which deserves close reading. The effects of opium eating on health and life, therein discussed, is an inquiry which extends beyond the limits of insurance interests, as few are aware of the vast amounts of that drug consumed in this country by persons in health.

Lectures on Clinical Medicine, by A. Trousseau, late Professor of Clinical Medicine in the Faculty of Medicine, Paris, etc. Translated from the Third Revised and Enlarged Edition, by JOHN ROSE CORMACK, M. D., and P. VICTOR BAZIRE, M. D. Two vols., 8vo. Philadelphia, Lindsay & Blakiston, 1873. Cloth, Price $10; Sheep, $12.

Armand Trousseau was born at Tours, in 1801, and devoted himself with such ardor and brilliant success to the study of medicine that he was appointed Professor *agregé* to the Faculty of Medicine, of Paris, when but twenty-five years of age. Two years later the Government selected him to make a special study of certain epidemic diseases which were raging in central France, and subsequently to examine the yellow fever at Gibraltar. The striking and accurate reports which resulted from these studies, and the rapid series of profound articles in all branches of medicine which he contributed to the leading scientific journals, obtained for him, in 1839, the chair of therapeutics and materia medica, in the Ecole de Medecine. Here for nearly thirty years he taught with almost unexampled success, inspiring his numerous pupils with an enthusiasm for science, an appreciation of exact research, and high and noble views of the profession of their adoption. Eloquent beyond any other speaker of his nation, of wide and exact erudition, sincere and unostentatious, he was the central figure for years in the corps of medical instructors.

Such is the teacher whose lectures have been brought before the American public in the above work. We have thought this sketch of his life, inadequate as it is, would fitly preface what we have to say about them. They bear throughout the marks of the master's hand. The introductory chapter, on the practical study of clinical medicine and the general duties of the student, deserves to be committed to memory by every professional man, student, practitioner or teacher. How few there are of these latter who could truthfully say to their auditors: "I am grateful when you bring under my notice observations which enable me to correct a mistake."

The discussion of the various diseases is carried on in the form of clinical lectures, as the title of the volumes denotes, and rarely does one find cases so clearly described, with the symptoms arranged with such fidelity to nature and yet with such positive effect. No confusion, no repetition. We could not select in the whole range of literature better models for the physician who wishes to report cases for a medical journal. Opening the volumes almost at random, we find a case of stomachic vertigo (vol. ii, p. 335). The slightest fact that bears on the case is not omitted nor misplaced; yet not a useless trait is added to weaken the effect of the portraiture. Indeed, Trousseau's lectures are masterpieces of French prose, and fortunately this translation does them as near justice as our tongue allows.

His therapeutics are of the soundest description. Not a *novateur*, still less a routinist, far from an empty nihilism, he puts his finger on the best one or two remedies, and seeks by their varied and judicious application to meet the diverse phases of the same disease. His treatment of scarlet fever, of diphtheria, of pneumonia, is admirable, and to our thinking cannot be improved with our present resources.

His profound acquaintance with medical history protects him from the superficial admiration of our own generation so common in medical writings. He finds in Aretæus his remedies for diphtheria, and recognizes in Avenbrugger the credit of discovering percussion. Yet his familiarity with the most recondite researches of chemistry and physics is evident everywhere, and he has a happy faculty of seeing at a glance how they can be applied to clinical use.

The general perusal of these lectures by American practitioners will give them juster views of their profession as an art and as a science, and guide them in the judicious use of the therapeutic materials at their command.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 4, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

MODERN STUDY OF MENTAL PHENOMENA.

The attention which has lately been given to the study of the mind through the avenues of the senses, through physiological research, and through pathological investigations, is already having a very visible effect on the teachings of speculative philosophy. There are still some who do not appreciate such studies at anything like their just value; and we are sorry to have to enumerate among these President NOAH PORTER, of Yale College, whose large work on *The Mind* has been taken as a book of instruction in several leading colleges. In this volume he dismisses the school of what he rather contemptuously denominates "the cerebralists" with a few paragraphs in his finest print. In future days this will be quoted, we predict, as a singular example of ignorance as to the time of day.

He, and too many others with him, commencing the study of mind with a strong bias to certain ancient theories, and with a still stronger determination to make psychology, *nolens volens*, prove certain views of a didactic and teleological character, have been and are disabled from attaching the just weight to the positive results of modern science. Singular, indeed, is it, to the cool observer of the battle of the philosophies now going on, to see that that party which pretends to be fighting for the higher class of principles is always beaten back by the superior and single devotion to truth, which is the only watchword of the opposing camp.

The rapid advance in the determination of the functions of the brain are illustrated by an important essay presented to the *Academie de Medecine*, of Paris, by M. A. FOURNIER. This author gives abundant evidence to show that the mental processes are effected in the following manner: First, an impression is conveyed by the posterior part of the spinal cord to the thalami optici. Fibres start from this centre like rays, some passing to the corpora striata, others to the cortical substance of the cerebrum. The former bodies, the corpora striata, also have fibres connected with the efferent nerves making up the anterior part of the medulla spinalis. The phenomenon of perception is caused by a movement in the cells of the optic thalami; the phenomenon of memory by a movement in the cells of the cortical portion of the cerebrum. These cells, intimately connected together, respond in certain numbers to any special excitement, and thus give rise to the phenomena of complex recollection and association of ideas.

Further than this, it has been shown by Professor FERRIER, in an essay published in the "West Riding Lunatic Asylum Medical Reports," that the view so long generally credited, but not proven, that certain portions of the brain perform certain definite mental acts, is, in all likelihood, correct. The individual convolutions of the brain are shown in this volume to be separate and distinct motor centres, responding definitely to stimuli, and thus demonstrating the idea crudely entertained by Dr. GALL. But the phrenology of the future will be something hardly anywise akin to the craniology and bump-feeling of the past, and will deserve,

when finally fixed in its proper form, a far higher position than that pseudo-science ever could attain.

The observations of FECHNER, showing that the law of Weber concerning the reaction of nerves to stimuli applies to the special senses in all their manifestations, and that the exhibitions of mental force are inferentially strictly similar in their subjection to definite rules of action, are also most important. We see that it will not be long before mental phenomena will be brought to the same touchstone of mathematical measurement that all physical phenomena are already tested by. Indeed this is not in need of any supposition to show it, since the discovery (which has never yet been properly appreciated and applied in its fullness) of Professor Boole, that all right reasoning can be expressed in the mathematical formula of an equation of the second degree, subject to the formal laws of algebraic symbols of fixed interpretations.

We revert casually to these instructive studies, not with any idea of giving them their just prominence, for this would lead us far beyond our space, but in order to show our readers that vast work is doing in this field, and to warn the student who still spends his hours over the pages of Sir William Hamilton or Hegel, under the impression that he is learning the last word of the science of mind, that he had better disabuse himself of that notion as soon as possible, and take down the works of the writers we have mentioned. He will find other guess talk in their pages than that about the Idea, the Ego and the non-Ego, the sufficiency of the Dialectic, the Being, the Nothing, and the Becoming.

NOTES AND COMMENTS.

The Question of Medical Privileges.

The Washington *Star*, of September 12th, contains the following item:—

"REFUSED TO TESTIFY.—Yesterday, in the divorce suit of Merkle agt. Merkle, heard in chambers before Mr. J. Cruikshanck, Dr. Darby, who was summoned, refused to testify as to the name and nature of the complaint he attended one of the parties for, stating it would be a violation of trust and professional confidence. The circumstance will be reported to the court, and opinion is divided as to whether the doctor will be compelled to divulge or not. The medical profession generally indorse the position taken by him."

As a matter of general interest to the profession we may state that in English and Scotch practice no such medical privilege of withholding professional secrets is allowed, the theory being that Society itself has placed the courts paramount to all private considerations. But by the statutes of New York and Missouri a regularly authorized medical practitioner may withhold professional communications. The English precedents would prevail where express enactments to the contrary cannot be quoted. See Taylor's *Medical Jurisprudence*, pp. 42-44.

Nineteenth Century Superstition.

The following broadside has been largely circulated in a city in Western New York, and doubtless elsewhere. It is a sad comment on the superstition and ignorance of the day:—

"THE WONDERFUL HEALER! MRS. C. M. M.

"Within the last year this celebrated Medium has been developed for Healing. Not a single case has come under the care of her Medical Band but has been cured. She is the instrument or organism used by the Invisibles for the benefit of Humanity. Of herself she claims no knowledge of the healing art. The placing of her name before the Public is by the request of her Controlling Band. They are now prepared, through her organism, to treat *All Diseases, and Guarantee a Cure*, in every instance where the vital organs necessary to continue life are not already destroyed.

"Mrs. M. is an unconscious *Trance Medium, Clairvoyant, and Clairaudient.*

"Her Medical Band use vegetable remedies (which they magnetize), combined with a scientific application of the Magnetic healing power. From the very beginning Her's is marked as the most remarkable career of success that has but seldom, if *ever*, fallen to the history of any person. No disease seems too insidious to remove, nor Patients too far gone to be restored.

"☞ $1.00 for Examinations by Lock of Hair. Give age and sex.

"'Healing Rooms,' No. ——— Street.

"Seances for materialization *Sunday* and *Wednesday* evenings."

Staufer's Uterine Instruments.

These neat instruments, which will be found described in our advertising columns, are made of hard rubber, and in the compact form in which he puts them up are the most durable and convenient of their kind to be had. We have used both the pessaries, the specula, and examining case for a year with great satisfaction, and of the many who have bought them, few or none, so far as we can learn, have been disappointed in them.

Correspondence.

Diabetes Insipidus.

Eds. Med. and Surg. Reporter:—

In the Reporter, of March 15, 1873, I find the following query:—"A physician, 53 years old, who for twenty years has suffered from it, desires suggestions for its relief. He writes:—My urine is clear and pellucid. Some nights I void one and a half gallons by measure. Do not get quietly asleep before I am compelled to jump up and urinate. In its treatment I have exhausted the therapeutics of the disease as laid down by writers and authors, without relief."

I find a very satisfactory and conclusive answer to the above in an article published in the Reporter, July 6th, 1872.

"TREATMENT OF DIABETES INSIPIDUS."

"M. Gueneau de Mussey, in a clinical lecture at the Hotel Dieu, recommends the administration of full doses belladonna, and sulphurous baths, in its treatment. He has twice found belladonna to accidentally produce anuria. Its use in incontinence of urine is well established. Systematically employed in diabetes insipidus, it has diminished the quantity of urine passed from ten pints to two pints per diem. The sulphurous baths bring the skin to the relief of the kidneys."

The above query I made myself. Having been troubled for a long time by this disease, at different periods, and it having yielded quite readily, heretofore, to a continued alkaline treatment of carb. soda, I was very uneasy and much alarmed at finding it this time resisting, not only that, but every other remedy authoritatively recommended, and it was gradually reducing my strength and impairing my general health. After writing the above query, and reflecting upon the matter, I had a very dim recollection of an article previously published in your journal on the subject. Upon investigation I found the article above published on the treatment of Diabetes Insipidus, and determined at once to give it a thorough trial. Having no convenience for sulphurous baths, I adopted the following formula:—

℞ Ext. Belladonna, grs. xviij
Ft. pil., No. xxxvi.
S. Take one three times a day.

I took them, with the following physiological effects:—

After three days I felt some dryness of the fauces, but no dilatation of pupils; after continuing them eight days, copious evacuations of the bowels, but no abatement of the diuresis. On the twelfth day, after taking a brisk walk, feeling badly, and some impairment of vision, I immediately returned to my room, and looked in the glass; pupils were much dilated, and feeling very sick, I took at once about one half grain of morphine. Awoke in the night, found my friends round my bed in considerable alarm, thinking I had been drinking to excess. I told them I was feeling unwell; I had taken some morphine, and I feared an overdose. During that night and till night next day I had a complete ischuria. Commenced diuretics, nit. pot., squills, spts., ether, nit., and digitalis, but for six days the secretion did not exceed six ounces in the twenty-four hours, very high colored and apparently very thick. I had no fever, no pain, no appetite, but a general uneasiness. I could not lie in bed or sit up more than fifteen minutes at a time, and felt, as patients have described their feelings to me, as though I was going crazy. This condition of poison from urea, or belladonna, lasted two weeks. At last, fearing constantly coma and death, I sent for a bottle of Wolf's Schiedam Schnaaps, and commenced on it with about two ounces; in half an hour repeated the dose; in an hour more urinated freely. It gave me so much relief and I was so much elated, although I had not been out for two weeks, I mounted my horse and rode to a neighboring town, fourteen miles distance, and in the trip finished my bottle of Schnaaps. The next day I was sick from the overdose of gin, but urinated freely, and in a few days it assumed its natural color, and has since been voided to the amount of from ten to fourteen ounces pretty regularly every day. I am disturbed only two or three times during a night, and that, I think, more from habit than excess of urine. I conclude in this case belladonna has effected a very satisfactory cure.

I owe Dr. De Mussey, lecturer at the Hotel Dieu, and the Editors of the Medical and Surgical Reporter, an equal debt of gratitude. One for suggesting the treatment and the others for re-publishing the same. Yours very respectfully,

Madison Marsh, M. D.
Port Hudson, Louisiana.

—In the will of the late John Stuart Mill there is a bequest of £3000 to any one University in Great Britain or Ireland which shall be the first to open its degrees to women.

News and Miscellany.

Medical Society of Mercer County, N. J.

At a meeting of the District Medical Society for the county of Mercer, N. J., held at Trenton, September 1st, Dr. Leavitt delivered an essay on "Herpes," and Dr. Bodine on the "Aneurism of the Heart."

The subject for discussion, "Malaria," was laid over.

Dr. Bodine brought up the recent arrest by the police of persons who were unconscious, under the supposition that they were drunk. He condemned the practice of putting such people in a dark cell; even drunkards should have better treatment than they get.

The discussion was continued between Drs. Warman, Bodine, and Ribble.

Drs. Lalor, Bodine and Coleman were appointed a committee to lay before council a set of resolutions on the subject of treating prisoners.

Drs. Ribble and Warman were appointed essayists for the next meeting.

Cholera Notes.

IN EUROPE.

The ravages of cholera in the latter part of August were very severe in the various parts of Europe. In Vienna there was a diminution, the average daily cases being about 50. In Berlin there were about 7 cases daily. In Magdeburg the month ending Aug. 18th numbered 865 cases and 377 deaths. In Königsberg, Braunsberg, Munich and Wurzburg, there were daily cases.

In Transylvania the epidemic has assumed frightful proportions, the most elevated and remote mountain villages being violently attacked. In Petroseny, situated in the valley of the Sil, at an elevation of 2186 feet, traversed by the mountain streams, and exposed to the northeast winds, there have for some weeks been about fifteen deaths a day, in a population of 7000. In the village of Flek, in the neighborhood of Kolosvar, in Transylvania, consisting of scattered houses surrounded by gardens and fields, at an altitude of 1468 feet, with a population of about 400, the death-rate for the last two months has been two, three, or four persons daily.

In many towns the introduction of fruit, even ripe, has been prohibited; the country people, consequently, in the prospect of not being able to sell their fruit, eat it in the unripe state, or allow the gipsy children to do so. It is remarked that the gipsies are not attacked by the disease, in spite of their mode of life; but, living in the open air, they are placed in quite different conditions from the other inhabitants of Transylvania.

In France there is much more of the disease that is generally known. In Liege, Paris, Havre, and other cities numbers of cases are reported. At Havre it has as yet chiefly prevailed among the troops in the barracks, but it is not limited to them, nor, indeed, to the town, several neighboring towns having become affected.

There has been only one case of true Asiatic cholera authenticated in England, a death from which occurred the last week in August on board a ship off the east coast.

Of the physicians who have fallen victims to the disease, few will be regretted more than Dr. Otto Obermeier, of Berlin. He fell a victim to science, having, in his investigations on the disease, kept in his bedroom pathological specimens taken from persons who had died of cholera, and also portions of their excreta; and it is believed that in this way he became infected. According to one account, he injected some blood from cholera patients into his own vessels. He was so devoted to his inquiry that, after he had become aware of the condition in which he was, he made some microscopic examinations on his own blood. His death occurred after an illness of seven hours, in the thirty-first year of his age.

IN AMERICA.

Davenport, Iowa, suffered severely the last week of August. On Monday, Sept. 1, it was stated 30 cases had occurred, 5 fatal. Other points, above and below on the Mississippi, are reported as affected, but accurate information is difficult to obtain.

The Yellow Fever.

The destructiveness of this disease at Shreveport, La., has been yet greater. A report of Sept. 16, says:—

"The interments average 30 to 40 daily in a population of 4000, and physicians and nurses are worn out. Five of the six operators in the telegraph office have taken the fever, and two of them are dead. In response to calls for aid, contributions for the stricken city have been taken up in St. Louis and Cincinnati, and measures looking to relief have been begun in New York. There is a general yellow fever panic in Texas. Indianola and Houston are quarantined against Galveston, and Galveston is about to establish a quarantine against New Orleans.

"In Memphis, yesterday, 12 interments were reported, including 9 from yellow fever. A number of new cases of the fever were reported in various parts of the city, and people were leaving in every train to escape the scourge."

The Epidemic continues, at last accounts, with great malignity in the town. The deaths have amounted on some days to about 1½ per cent. daily, of the whole population! Memphis, New Orleans and Mobile also report cases.

There has been a fearful epidemic of this same disease in the River Platte these last two months, which, however, is now abating.

American Pharmaceutical Association.

This body met at Richmond, Va., Sept. 13, and had an interesting meeting. It will hold its next annual session at Louisville next September.

The Epidemics.

Many cases of sickness are reported in Davenport, caused by the free use of cholera preventives when they were not necessary.

A young girl who was driven through the cholera-infected district of Davenport, and jokingly told that she would be sure to catch the disease, was attacked with cramps, collapse, and discoloration, and died in a short time, a victim of the power of mind over matter.

"A strange and fatal disease, resembling fever," is reported at Kelton, in Utah. Persons die in a few hours after being attacked.

Personal.

—Dr. P. H. Bailhache, of Quincy, Ill., has been appointed Superintending Surgeon in the Hospital Marine Service of the United States, and assigned to duty at Louisville, Ky.

—Dr. H. A. Spencer, of Erie, has been appointed surgeon on the Lake Shore and Michigan Southern Railroad.

—Dr. John B. Blake has been appointed by the President a member of the Board of Public Works in Washington. The President said to Dr. Blake that there had been much talk of corruption in the District Government, and he had selected the Doctor, knowing him to be one of the most conscientious citizens of Washington, in the hope that if anything were wrong, it would be promptly ferreted out and reported.

A Very Modest Nation.

The Paris Prefecture of Police has come to the conclusion that the word "venereal" is immoral, and has therefore forbidden further announcement of "Courses upon Venereal Diseases." Such courses are hereafter to be announced as "Courses upon Private Contagious Diseases."

QUERIES AND REPLIES.

Burns.

Dr. F. N. S., of New York.—The recipe for Dr. Binkerd's salve for burns will be found in the Reporter, vol xxiii, p. 24. We republish it as you desire:—

℞. Yellow wax, melted and strained,	ʒj.
Linseed oil, raw,	ʒiij.
Tannin,	ʒj.
Subnitrate of bismuth,	℈j.

Heat the wax in a clean tin vessel, add the oil, and stir till they are thoroughly incorporated, then remove from the fire and stir till cold, adding first the tannin and lastly the bismuth. Apply on bits of patent lint to the surface of the burn, previously carefully cleansed.

Photos.

Dr. E., of Illinois—Photos of some of the Jefferson College Professors can be obtained, but not regular series. They cost about a quarter a piece.

Puerperal Eclampsia.

Dr. H. M. H., of Ohio.—We have no list of works especially on this topic. You will find frequent references to various articles upon it in last year's numbers of this journal.

Medical Directors of Railroads.

Dr. Charles P. Thayer, of Burlington, Vt., would be glad to receive the addresses of all Medical Directors of railroads.

Uterine Diseases.

Dr. D. W. Y., of Maine.—In the vast field of gynæcology we do not know which work will suit you best; probably Thomas' *Diseases of Women.* Price $5.00.

OBITUARY.

PROFESSOR GEO. L. ROBINSON.

This promising surgeon died at Baltimore, September 10th, after a brief illness, of typhoid pneumonia.

Dr. Robinson was a gentleman of elegant mental culture, a hard student and a close reasoner. His general professional attainments were of a superior order, but for one so youthful in years he was pre-eminently skilled in surgery. This latter attainment was not unappreciated, as was evidenced by the fact of his selection by the Faculty of the College of Physicians and Surgeons, of Baltimore, as Professor of Operative Surgery, and also by his appointment as surgeon to the Baltimore and Ohio Railroad.

PROFESSOR AUGUSTE NELATON.

This eminent French surgeon died September 21st, after a long and exhausting malady of obscure character. He was born June 17th, 1807; studied under the famous Dupuytren, took his degree December, 1836, and was appointed Professor of Clinical Surgery in the Ecole de Medecine, April, 1851. His great work was the *Elements de Pathologie Chirurgicale,* 4 vols., 1844-1856, a vast repository of surgical information. As an operator he was at once graceful and skillful to a remarkable degree; as a lecturer, fluent and lucid; and always in social intercourse kindly, considerate and patient. The writer of this notice had many opportunities of seeing him in all these relations when the great surgeon was in his prime. With Nelaton and Trousseau the two noblest souls of the Parisian Schools have passed away. They have left behind them many élèves profoundly versed in science, but few, indeed, to rival them in purity of aspirations, wide and real sympathy with suffering, and love to all that is great and good.

MARRIAGES.

Bradley—Blanchard.—At the residence of Mrs. Dr. John McClintock, in Philadelphia, on Thursday afternoon, September 4th, by the Rev. Jacob Todd, D. H. Bradley, M. D., of Wilkesbarre, and Miss Virginia L. Blanchard, of Philadelphia.

E. FOUGERA & CO., Importing Pharmacists,
No. 30 North William Street, New York.

LIEBIG'S EXTRACT OF MEAT

OF LA PLATA.

PREPARED BY
A. BENITES & CO.,
BUENOS AYRES,
SOUTH AMERICA.

This Extract is a *pure Extract of Beef*, unsurpassed in quality, free from fat and gelatine, each pound of which contains the soluble nutritive constituents of 34 to 36 pounds of the finest beef, exclusive of bones and fat, corresponding to about 45 pounds of good butchers' meat. As a medicinal agent it will be found of great value to the Sick, Invalid, and persons and children of Weak Constitutions, but its most extensive use is for domestic purposes.

It will keep unaltered for years in any climate, and will recommend itself at once for its *purity*, its *permanency* and *cheapness*.

Physicians, by ordering Liebig's Extract of Meat of La Plata, may rest assured of having the purest Extract of Meat that can be prepared.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

BLANCARD'S Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well-deserved favor among Physicians and Pharmaceutists. Each pill, containing one grain of Proto-Iodide of Iron, is covered with finely pulverized Iron, and coated with balsam of Tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

GENERAL DEPOT IN THE U. S. AT
E. & S. FOUGERA, N. Y.

and the fac-simile of

Blancard

Pharmacien, No. 40 Rue Bonaparte, Paris.

BOUDAULT'S PEPSINE,

And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

BOUDAULT'S Pepsine is the most reliable, the only one used in the Hospitals of Paris, and recommended by Professors Wood and Bache (see American Dispensary, 11th edition, pages 1479–1480). BOUDAULT'S Pepsine is sold in powder (in 1, 8, and 16 ounce bottle). The dose is 15 grains 2 or 3 times a day, at meal time.

It is used with great success for *Dyspepsia, Gastralgia, Slow and Difficult Digestion*, following fevers, and also for *Consumption* and other *Chronic Diseases*. *Debility of the Stomach* from old age or abuse of liquors is relieved by it, and it is invaluable as a corrective of *Vomiting during Pregnancy*.

PENNES' SALT, FOR BATHS.

A substitute for sea and mineral baths. *Tonic, Stimulating and Resolvent.* Used by over one hundred physicians in the hospitals of Paris, in Skin Diseases, Nervous Affections, Anæmia, Chlorosis, Gout, Rheumatism, Sciatica; also, Colics, Cholera Morbus and Gastric Affections.

CAPSULES RAQUIN.

(Approved by the Academy of Medicine of Paris.)

Copaiba pure—Cop. and Cubebs—Copaiba and Iron—Copaiba and Matico.

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I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M. D. *Fall River, Mass.*

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FREY, M. D., *Perry, Iowa.*

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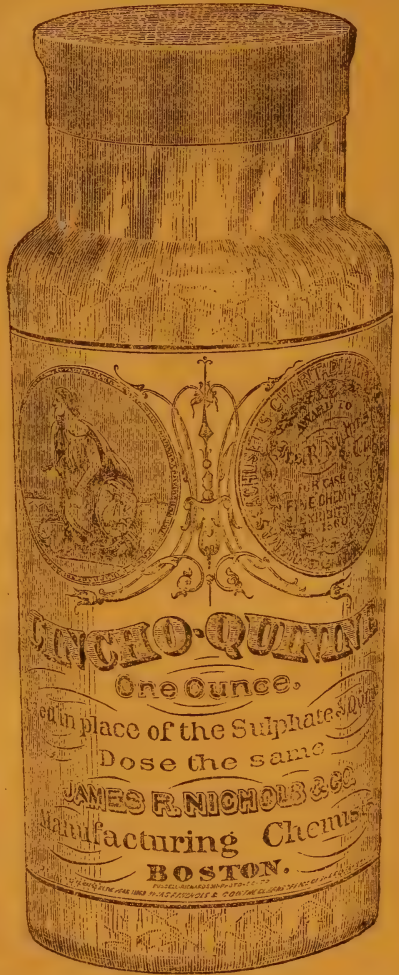

I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. *Wapping Falls, New York.*

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I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M. D., *Lincoln, Ill.*

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WHOLE No. 867.] OCTOBER 11, 1873. [VOL. XXIX.—No. 15.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 867.] PHILADELPHIA, OCT. 11, 1873. [Vol. XXIX.—No. 15.

Original Department.

Communications.

EMBALMING.

BY DR. J. M. HALL,
Of Fayetteville, O.

(*Continued from page* 186.)

In 1653, Louis C. Bils, a noble of Holland, well skilled in anatomy, announced that he had found a way of preserving bodies from putrefaction without evisceration, so that, the form and flexibility of the extremities being retained, they could be used for dissection. The announcement of this discovery on the part of the first noble who had given himself up to the pursuit of anatomy made a great sensation. At the height of his renown the States of Barbant bought from him five embalmed subjects, for the sum of twenty-two thousand florins. Zipæus, professor of anatomy at the University of Louvain, to whom they were given, was appointed to receive the secret, but a few weeks had hardly elapsed when the bodies became putrid. Bils pretended that such a result was owing to the envy of the professor, who placed his preparations in a damp situation in order to promote decomposition. Bils' treatment of dead bodies, with himself, was entirely successful; the secret was buried with him.

Ruysch, a Dutch physician and anatomist of great repute, tried to eclipse his adversary, Bils. He succeeded in injecting pieces which preserved their softness, flexibility and color. His collection so attracted general attention that it was visited by all the curious of Europe. It is said that Peter the Great, during a visit to this museum, was so attracted by the embalmed body of a little child, which appeared to invite him with a smile, that when near it he stooped down and kissed it. Ruysch sold his collection, at the entreaty of Peter the Great, for thirty thousand florins.

Although seventy-nine years of age he succeeded in forming another collection in two years. Dying in 1731, he also carried off the secret of his admirable injections with him.

Darconville was the first who discovered, in 1762, the preservative properties of corrosive sublimate, but we are indebted to the illustrious Chausser for the practical use of this drug in preserving animal matter.

Beclard, chief of the anatomical works of the Faculty of Medicine of Paris, applied the sublimate in embalming bodies. Charged with preserving the body of a young man who died of a fever (the parents refused to have the body opened), after making numerous incisions and punctures in every part of the body, he placed it in a solution of corrosive sublimate, in which it was kept for seventy days. When taken out it was dried for seven days, and then inclosed in a glass case, where it remained for a year without smell or the slightest appearance of alteration. It was then given to the family.

Bugliaretti, an Italian physician, used arsenic with sublimate. He injected with this solution the primitive carotid artery, the external iliac arteries, the right jugular vein, and by using a trocar he forced the fluid in the thorax and abdomen. The result was much the same as that obtained by Beclard.

Doctor Tranchina, of Naples, acquired a great reputation in Italy for preserving

bodies. His solution for injection was four pounds of arsenic, dissolved or mixed in ten pounds of water. This method of preservation, which was dangerous to dissectors, did not answer the purpose of embalming, for the body grew livid and atrophied in drying, till only a skeleton remained, covered with skin, from which the cuticle had peeled.

In 1822, M. Jannal, manufacturer of glue, discovered that a solution of salt and alum would prevent fermentation. With this mixture, in connection with some arsenic and soda, he injected the body of a child, which was left on the tables of the Morgue for one hundred and fifty days, which made him a great reputation.

It is over fifty years since chloride of zinc was first used in England for preserving animal matter. Sacquet took out a patent for preserving pieces by first injecting them with sulphate of soda, and then plunging them in a solution of chloride of zinc. Mr. Granger had been previously acquainted with the antiseptic properties of the sulphate of zinc, and a young savant, M. Gratiolet, conservator of comparative anatomy at the Garden of Plants, had tried it for preserving anatomical pieces. After numerous trials he quit this salt of zinc, as the tissues became discolored. The skin resembled parchment, and the muscles diminished more than one-third their volume. Notwithstanding the injections of this salt tried at the anatomical rooms in Paris have thus far failed, it is still used by anatomists in preserving subjects. Dr. Roux, of Nines, teaches the following system: It is impossible to find an antiseptic which will preserve all subjects. The following circumstances should be taken into consideration: 1st. The constitution of the subject. 2d. The cause of death. 3d. The temperature. All anatomists must have daily observed in the dissecting rooms that putrefaction is differently produced; in some subjects it shows itself with extreme rapidity, in others days elapse, and a few are kept for weeks without much decomposition. From this fact he concludes that the choice of an antiseptic agent depends on the character of the subject which it is intended to preserve. That each subject should be chemically treated according to the constitution and cause of death, and the influence of temperature. After careful study and long experience, Dr. Roux lays down the following rules. A young animal is best preserved by using a sulphate; a sulphate for an animal at puberty, and a chloride for an adult; and lastly, to prevent mould from appearing on the surface, pour over them either some essential oil, ether or chloroform. There is no universal antiseptic agent. By following these rules astonishing results will be obtained.

TREATMENT OF WARTS.

BY MADISON MARSH, M. D.,
Of Port Hudson, La.

Under the above heading an article appears in the REPORTER of April 19th, 1873, from the London *Medical Times and Gazette*, purporting to be conclusions drawn in a lecture of Mr. I. W. Hulke, of cases of warts that have fallen under his notice, and the suggestive treatment. Now, as I suppose and believe the so-called science of medicine is made up and founded upon a series of observations and facts under the eye of practical physicians and surgeons of all ages, climes, and nations, I think it will not appear egotistical or presumptuous in me to take a look at "warts" and epithelioma from an American point of view and practice.

Being born in this country, and strictly of the *American persuasion*, I, nevertheless, have great reverence for the opinions, on scientific questions, of the home descendants of my old Anglo-Saxon ancestors. At least, it is reasonable to suppose they ought to understand our common language as expounded by our greatest lexicographers. Laboring under this impression, I sought the article on "warts" with the greatest avidity, supposing I should find something to enlighten me in the treatment of a disease very common in the laboring population of America, very perplexing and vexatious to physician and surgeon.

"*Wart*," a rough, hard, horny extuberance of the integuments, located mostly on the hands and fingers; although benign in its character, very unseemly in appearance, very annoying, and sometimes painful to the patient in the round of his daily avocations. Very difficult to cure, often reappearing after the use of caustic or extirpation by the knife, and afterwards, to the great perplexity and disgust of physician and surgeon, quickly disappearing, mysteriously, and as if by magic, under the manipulations of some juggler or mystic rites of colored *voudou* priest or *conjuring* African doctor.

The above article, coming from a respected

English journal, under the good old Saxon name, "warts," *sui generis*, a pest known and familiar to every lad speaking the language, I expected to find something new and satisfactory in the medical and surgical therapeutics and treatment of a disease so common and vexatious. But, it seems, I was laboring under a misnomer, and shall have to be satisfied with the old routine treatment until some one of your subscribers, or some one else, will vouchsafe to enlighten us, through the REPORTER, or some other source, upon this seemingly trivial subject.

The whole article is devoted to the treatment of epithelioma, not warts, a variety of carcinosis, affecting skin and subjoining integuments, manifested in its earlier stage on the nose and face by pimples of a watery appearance, and recommending extirpation by the knife and the application of chloride of zinc paste, especially if they show any tendency to grow, ooze, or scab.

Here we, or rather I, and my transatlantic kinsman part. Our best American surgeons and physicians have found milder and less sanguinary treatment of this disease, and *therapeutic agents* that are very efficient, safe and potent, in the treatment of the scaling and scabbing process of its development. Epithelioma, the disease under consideration, is unquestionably a local disease; the constitution remains uncontaminated until the ulceration and absorption of the veins vitiate the whole system. It undoubtedly originates in the parent epithelial gland cell or cells, from some cause not yet ascertained, and first makes its appearance by *warty* excrescences, little hard pimples, then dry scales on the face and temples, that fall, reappear, and fall again, and thus continue many times for years, without ulcerating, and often till the end of life.

Then again, on the slightest injury, they will begin to ooze and scab, and soon form an ulcer of an unmistakably malignant character, proceeding rapidly in its destructive course, unless arrested by the knife or some powerful caustic. In its earlier treatment, when it is in its undeveloped stage, the mild therapeutic agents step in and save the patient from the untold misery and horrors of its full development, and final and fatal result.

It was my good fortune to visit and spend some time at Cincinnati, Ohio, during the lifetime of Professor Dr. Mussey (the elder), and through his kind politeness, I visited both his patients in the Commercial Hospital and private practice, witnessed his medical treatment, and surgical also, of epithelioma in all its stages, from therapeutic applications to plastic operations for restoration of lips and nose. When the disease was in its warty, scaling, oozing stage, he prescribed with success nitrate of lead in solution, applied with a sponge three or four times a day, and in his opinion often effecting a perfect cure. When ulcerated and indurated to considerable extent he used the knife, and fearlessly used it, especially when the destructive, ulcerative character was unmistakably manifested. According to my recollection the microscope was not applied then to the detection of cancer cells, or at least he did not so apply it.

When a youth, of fifteen or sixteen years, I had a bump, or rather *wart*, on my chin, that recovered spontaneously, but left a cicatrix, in appearance the depression of about half the size of an early green pea. There was no uneasiness in the part. After I grew up, and began to shave, I occasionally cut it, and it itched and gave me some trouble. When I employed a barber he always left it raw and scabbing. People said it was the "barbers' itch." I applied nit. silver, and finally, as I had become a practicing physician, corrosive sublimate; that checked it for a time, and thus it remained, better and worse, off and on, till I tried the nitrate of lead treatment of Dr. Mussey, recommended by him on my visit to Cincinnati. In ordinary cases he gave his patients mineral acids, quinine, iron, and all restorative medicines as general treatment.

After my chin was well, I associated myself with a military expedition to a foreign country, and returned in the winter of 1856, broken down with yellow fever, and expecting to die every day.

In the meantime I had received a wound in my chin that set all the old malignant influences at work, and I arrived in New Orleans, December, 1856, dispirited and disgusted.

I very naturally (being in a strange land) turned my face to the profession for advice. Professor Samuel Chappin recommended the knife as the only remedy to save my life, as the ulceration was large and rapidly destructive. I submitted to his operation, and soon recovered, and thus remain to this day. When I feel itching, or have scaling or

scabbing on my chin, I resort to nitrate of lead.

I will give one case of many to illustrate Dr. Mussey's treatment. Three years ago I was applied to by a married lady, æt. 25, primipara, with a lump or pimple on her nose, covered by a scab of three years' standing, resisting all remedies that had been used. It itched at times intolerably, with a sticking, pricking pain, scabs falling off and reappearing, leaving a red surface. I prescribed the old Dr. *Mussey* remedy:—

℞. Plumbi nitras, ʒij.
Aquæ rosar., ʒiv. M.

Applied three times a day.

In four weeks her nose was smooth and cured, relieving her from wasting nervous excitement and continued anxiety. And thus she remains, in good health. A more perfect cure could not have been effected if I had cut her nose smooth to her face.

MORTIFICATION OF THE LEG—AMPUTATION—PATIENT 75 YEARS OF AGE—RECOVERY.

BY H. A. SPENCER, M. D.,
Of Erie, Pa.

Wm. Brown, aged 75 years and some months, an old citizen of this county, was brought to the County Almshouse on the twenty-fourth day of May last. I saw him first on the twenty-fifth, the day following his admission to the House. I found, upon an examination of the case, that the left foot, as far up as the ankle joint, was in a complete state of mortification; the result of an injury that he had sustained two months previous. The foot was injured by a log of wood falling or rolling on to the instep, which, he informed me, caused severe swelling and inflammation, which continued until mortification intervened. The entire foot at this time was dead and cold; the cuticle slipped off, leaving a pulpy blubbering mass that emitted a terrible odor. I at once discovered that the only possible chance for this unfortunate old man was immediate amputation above the ankle joint; but when I considered his extreme age and the reduced condition of his system, I hesitated, but after informing Mr. B. that it was sure death to let the diseased member remain, and that he could only die if it was removed, he expressed a desire to have it done. Accordingly, at four o'clock that afternoon, with the assistance of Dr. T. H. Gray, of this city, I proceeded to take the limb off about four or five inches above the ankle joint; made a flap-operation; lost scarcely any blood. The patient bore the operation well, after which I gave him an opiate and administered milk punch freely. The stump appeared to do well until about the fourth or fifth day, when sloughing commenced and continued for ten or twelve days in spite of all my efforts to stop it, leaving the bones bare for nearly one inch; the stump then cleared up and healthy granulations appeared. I then applied adhesive straps, drawing the flap and calf of the leg down as much as possible, not daring to cut off the bone again in his enfeebled condition. By this course of treatment I succeeded in entirely covering the protruding bone, and to-day have a very fair looking stump which is nearly well. The old gentleman has gained in flesh and looks fine. I continued the stimulants and tonics for several weeks, with plenty of nourishing diet.

Now the principal reason for my reporting this case is the extreme age of the patient, having never before heard of a case of that age recovering from an amputation. I presume, however, that there have been parallel cases before.

AMAUROSIS FOLLOWING AN INJURY ON THE BROW.

From a paper presented to the Medical Society of the State of New York by C. A. ROBERTSON, M. D., member of the American Ophthalmological Society, Ophthalmic and Aural Surgeon at St. Peter's Hospital, Albany, and at the Troy Hospital.

This case serves to make fuller the statistics of amaurosis resulting from concussion of the cranium in the superciliary region.

C. V. H., a ship carpenter, consulted me in July, 1872, on account of loss of sight in the right eye. I gave him a very positive and unfavorable prognosis.

His story was that four weeks before calling on me, he became suddenly dizzy while at work, and fell headlong some fifteen feet, from a staging into the hold of a vessel. He was unconscious for two hours after the accident, and then he was aroused by a sensation of chill.

The principal violence was done to the head, but the right arm had been badly sprained by the fall, and still continued disabled. He had suffered no severe pain at any time, but occasionally endured head-

ache, although this was not an unusual occurrence with him before the injury.

On inspection, an irregular linear cicatrix, half an inch long, was observed just over the supra-orbital ridge, extending outwards from the middle of the brow. Above this scar was a mark of contusion stretching upwards and covering an area an inch square.

He stated that he had no perception of light, whatever, with that eye.

The right pupil failed to respond by dilatation and contraction to variations of illumination, when tested separately from its fellow, but acted readily in concert with movements of the pupil of the left eye.

On examination of the interior of the eye with the ophthalmoscope, the nerve disc presented a white appearance (*white atrophy*) and the entire *fundus* was much paler than its fellow. The retinal vessels were unaffected.

Seven months after seeing the patient I met his physician, who had directed him to me, and he stated that the vision of the patient remained negative as when I first examined him.

Medical Societies.

NEW YORK COUNTY MEDICAL SOCIETY.

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Tolerance of Disease.

BY DR. AUSTIN FLINT, SR.,

Professor of Theory and Practice of Medicine, Bellevue Hospital Medical College.

By the tolerance of disease is meant the power of endurance to withstand it. In this matter we consider the whole human body as an entity, in contradistinction to the local tolerance of an organ or portion of the body. If we take the case of ordinary acute pneumonia, or indeed any other acute disease, we have an example of it. Suppose we have two or more cases in which all conditions of the disease are as nearly identical as possible; one of the cases dies another lives; what is the reason of it? Simply this: in one there is greater tolerance than in the other. In acute disease, as a rule, death ensues from a want of tolerance to carry them through, or, in other words, recovery is a question of tolerance. It is difficult to say in what does tolerance consist. We see a strong man easily succumb when some weak old woman will weather through the same malady. We see also different degrees of tolerance in different periods of life. Thus we know that infants and aged people bear badly inflammation of the lungs, whereas in the prime of life it is not such a serious disease; again we see a man with valvular disease of the heart struggle on for years in the prime of life and not believe that there is any serious trouble, but by degrees tolerance is lost, strength fails, dropsy ensues, yielding at first to treatment then becoming established, followed sooner or later by death.

Our aim in therapeutics is to increase the tolerance mainly by alimentation. It is not our intention at present to discuss the vexed question as to whether alcohol serves as food or as a medicine, but if after its administration it promotes tolerance it is soon seen, and if so must be continued. After medication it becomes our main duty to increase the tolerance of the patient, and not only prolong life but make the patient as comfortable as possible.

Prof. John C. Dalton.—This subject of tolerance is one we do not thoroughly understand, but I think that it is not so much the tolerance of the disease as the tolerance of the causes of disease that we should consider. Again, as Prof. Flint says, tolerance is not by any means in proportion to the strength. It is equally so in animals. I have found in experimenting upon rabbits and dogs for sugar, and discussing the subject with my friend, Dr. Brown-Sequard, that they bear the operation, much better here than they do in France.

In one case of a dog which had been operated on for gastric fistula, by the subsequent breaking of a ligature a large portion of omentum escaped from the abdomen and trailed along the floor. It was covered with dust, etc., and I was in doubt whether to remove the extruded omentum or replace it. I replaced it, and in 48 hours he was so far recovered as to eat. In those cases, as I said before, it is the tolerance of the means rather than of the disease.

PUBLISHING OF THE STATE MEDICAL SOCIETY'S TRANSACTIONS.

Dr. John C. Peters, Chairman of the Comitia Minora, read the resolutions of the Comitia in respect to publishing the transactions of the State Medical Society. They were to the effect that inasmuch as the Legislature has refused to grant an appropriation the different County Medical Societies take the matter in hand.

Dr. T. C. Finnel moved the adoption of the report. It has been the custom of the Legislature to pay for Homœopathic, Eclectic, and other reports of odds and ends, and the sooner each one is put on its own responsibility the better.

Dr. H. Knapp held to the same view as the Comitia Minora advised in its resolutions, and did so entirely on the ground of fairness. It is every man's duty to pay for what he receives; another one should not be allowed to do so instead.

Dr. E. M. Moore, President of the State Medical Society, being present, took occasion to give his views on the subject. He was of the opinion that the time had come when Medical Societies should cut free

entirely from any connection with the State. Their relation had been of no further benefit to the Medical Societies than getting their Transactions published, and on the other hand there were State interferences which had to be borne which were by no means agreeable. On his return from Albany he proposed to send every medical man a circular, in order to obtain the opinion of the majority on the subject.

There was, he said, in his mind a certain amount of doubt whether the expense should be borne by the County Societies or by individuals. Personally he preferred the latter, and thought Samuel Johnson was right when he said make a man pay his sixpence for his pamphlet and he will read it. The Society then proceeded to the nomination of officers for the ensuing year.

GREEN RIVER, N. Y., MEDICAL ASSOCIATION.

The Green River Medical Association held its regular semi-annual meeting in the circuit court room of Calhoun court house, on the 6th of May, 1873.

President W. H. Hillsman, of Livermore, being in the chair, called the meeting to order, and after a pleasant little speech of congratulation from him, the Secretary read the minutes of the last meeting, held at Livermore in November last, which, upon motion, were adopted.

Letters from chairmen of several committees, expressing regret at being unable to attend, owing to their general engagements, sickness in their families, etc., were read, and said committeemen were continued upon their respective subjects, to report at our next meeting.

Dr. W. B. Rose, of Calhoun, chairman of the Committee on Obstetrics, read an able and very interesting article on Placenta Prævia, which reflected credit upon the committee, showing that they had been over much of the field of their subject, personally, and assiduous in consulting those who have written upon it.

Dr. Charles S. Todd, of Owensboro, chairman of Committee on Special Subject for Discussion, read quite a creditable article on syphilis, confining himself to its "unity" or "duality," and by the minuteness with which he entered into his subject he evinced familiarity, and disposed of it in part by quotations from high authority, in a very logical manner.

For the want of time, the Society did not enter into its discussion as was expected.

The Society then proceeded to the election of officers for the ensuing year, which resulted as follows:—

Dr. W. B. Rose, of Calhoun, President; Dr. George W. Towns, of South Carrolton, First Vice President; Dr. W. B. Miller, of McLean Co., Second Vice President; Dr. J. Q. A. Stewart, of Owensboro, Recording Secretary; Dr. A. H. Bryan, of McLean Co., Corresponding Secretary; Dr. S. S. Watkins, of Owensboro, Treasurer.

The President then appointed the standing committees. On motion, the Corresponding Secretary was instructed to send a copy of the proceedings of this meeting to the MEDICAL AND SURGICAL REPORTER, of Philadelphia, the Richmond and Louisville Medical journals, and the Owensboro city papers.

The Association then adjourned to meet at South Carrolton, in Muhlenberg County, on the first Tuesday in November next.

A. H. BRYAN, *Corresponding Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

European Summer Climates and Waters for Consumption.

Dr. J. MASCAREL, in an article on the prophylaxis of phthisis, translated in the *Medical Press and Circular*, says on the above topic:—

If the health is very good, and if to the present it has given no cause for inquietude, employ the time in traveling in those salubrious and mountainous countries which are exempt from too great heats. But if you have already had to fight against bronchitis, whether it has entirely disappeared, or whether some traces still remain, and if, above all, auscultation has awakened fears of commencing tuberculization, your line of conduct is clearly marked out. Go at once for cure to the thermal waters. Here the difficulties are greater than for the choice of a winter station; for as my friend, Dr. Durand-Fardel, says, with much justice, "What a terrible responsibility the sending of a phthisical patient to a thermal station in general brings with it! We have not to do here with risking at the most a useless journey, of trying in doubt some inoffensive waters, of speculating, in default of formal therapeutic results, on salutary hygienic changes; the matter is to have recourse to energetic medication, which will not in any case be indifferent, that is to say, which will be always either salutary or injurious; the matter is to get rid of or to light up a morbid state which puts in play not health, but life; it is necessary to seize the opportune moment, because it is the opportunity that the issue

of the medication entirely depends upon."—(*Gazette Medicale de Paris*, 1869, p. 481).

Yes, the opportunity, it is this which it is so difficult to seize in all things; all practical medicine lies in the opportunity.

Individuals predisposed to phthisis ought in general to avoid cold baths, and especially sea baths. We have known a number of people become phthisical who have said to us, "My illness commenced by the seaside; at the first or second bath I commenced to cough and to spit blood."

Hydropathy at home can, however, be counseled at suitable times, and as long as the cough has not burst out; baths of river water ought only to be used with the greatest reserve during the summer. It is not the same with warm baths; not only are they useful to keep up the proper performance of the functions of the skin, but baths of thermal mineral waters are called to play, and play already an immense *role* in the prophylaxis of the malady we are studying.

The rapid and incessant progress of modern hydrology seems to have definitely fixed the attention of practitioners on two classes of mineral waters; the mixed soda bicarbonates, such as Ems, Royat, Mont Doré, and the large class of hot and cold sulphur waters. We do not seek to explain how it is that two agents so dissimilar in their chemical constitution as are the waters of which we speak should be applied to the cure of the same maladies of the chest; the solution of this problem is reserved for the future. We accept the facts such as they are, since in the actual state of science they are the expression of the truth; but there are none the less, in the choice of one or other of these remedies, great distinctions to establish, because it is of daily experience and observation that the sulphur waters may not be suitable to the one, and yet be favorable to the other, and *vice versa* for the mixed soda bicarbonates; it results from researches which we have made on this subject, and from numerous clinical inquiries which we have followed during several years near many of these thermal springs:—1st. That the sulphur waters, by their essentially stimulating action, are not suitable to impressionable nervous natures, predisposed to a dry cough, but that they find their use whenever herpetism, arthritis, or lymphatism, separate or combined, attack the constitution; 2d. That the waters of Ems and of Royat find their medication in nervous diseases and their dependencies; 3d. That lastly, the waters of Mont Doré appear to be the most apt to prevent the disease, and to combat it in the three stages of its manifestations.

On Flexions of the Uterus and Conception

The *London Medical Record* quotes from Dr. Stadfeldt a discussion on the relation of uterine flexions to conception and pregnancy. He had come to the conclusion that the mechanical treatment of uterine displacements was called for in few cases only; namely, in dysmenorrhœa, in sterility, and in "melancholia uterina," a state of mind characterized by anxiety about slight displacements, and rendering it necessary to do something for the sake of appearance. With regard to dysmenorrhœa, he agreed with Schultze, that this more frequently arose from irritation in the neighborhood of the uterus than from flexion. The same was the case with sterility; angular flexions, however, would naturally produce this in various cases. Lateral displacement followed next after retroflexion as a cause of sterility; anteflexion had not much influence in producing this condition. Retroflexion was of less importance than had been ascribed to it by Marion Sims and others, who had not paid sufficient attention to other circumstances. Stadfelt had endeavored to ascertain how many women in whom the uterus was much retroflexed became pregnant. In thirty-six such cases, two women had each had eight pregnancies; and seven others had only become sterile within two years. The thirty-six women had each given birth, on an average, to 3 7-9 children; in all the cases the labor occurred at the full period, and the retroflexion afterwards returned. In a few cases, abortion was threatened; this was liable to take place in the third and fourth months, when the retroflexed uterus was in danger of becoming incarcerated in the pelvis.

Dr. Howitz said that retroflexion was always abnormal. With regard to anteflexion, there was a difference of opinion between gynæcologists and anatomists, arising from the conditions being different before and after death. In its normal state, the bladder being empty, the uterus lay at a right angle with the vagina (anteverted), and with the internal orifice at an angle of 140° (anteflexed). During the last year he had treated fifty-nine women for primary sterility. Of these, twenty-six had pathological anteflexion (the angle exceeding 140°); in five there was retroflexion; and in the remaining cases other causes existed. He had also treated thirty-four cases of secondary sterility, of which nineteen were connected with anteflexion and fifteen with retroflexion. The average age at which secondary sterility appeared was thirty in anteflexion, and twenty-eight in retroflexion. Dr. Howitz considered that uterine flexions did not absolutely hinder conception, but that they rendered it more or less difficult. The impediment was due partly to complications (endometritis, metrorrhagia, menorrhagia, polypi, etc), and partly to the flexions themselves; for flexion occurred without, or with very slight, complications. The interference with conception was partly mechanical, where the flexion of the uterus at an acute angle rendered the escape of fluid difficult, and its entrance still more so; and in such circumstances mechanical treatment was proper. But there was also a physiological cause, where the excitation of the uterus during coitus either exceeded or fell short of the normal limits.

Case of Intermenstrual Pain.

Dr. C. E. LYSTER, Surgeon to Toxteth Park Workhouse Infirmary, Liverpool, writes to the *Medical Press and Circular*:—

The patient whose case I propose to relate briefly, first came under my care in Jan., 1868, when I attended her in a first confinement. In February of the next year I again attended her. On both occasions she had an easy delivery, and nothing in any degree calling for particular attention. In 1871, two years, it will be observed, from the date of her last confinement, she placed herself under my care for an affection of which I received the following account:—

Menstruation, which commenced late, about the 16th year, was from the first normal in recurrence and natural in other respects, and unaccompanied by any considerable amount of pain, but after the third or fourth appearance of the catamenia a pain of the most acute character was established in the intermenstrual period; it occurred with certainty exactly one fortnight from the cessation of the natural discharge, lasted two days, could be localized just above the left groin, shooting round to the back and in front of the thigh; was very severe in character, necessitating absolute rest, and passed away to be succeeded at the proper time by the usual normal and almost painless menstruation. She suffered in the manner described up to the time of her marriage, but on pregnancy supervening experienced entire relief, which continued during the whole period of lactation; and as a second pregnancy took place within a short time, she had immunity from the intermenstrual pain during the first year and a-half or two years of married life. On ceasing to suckle the second child, however, the symptoms returned in all their old violence, the only difference being that now there was a slight leucorrhœal discharge at each recurrence of pain. When first seen she was treated for neuralgia, by the exhibition of steel, quinine, etc., and appeared to derive some benefit, but being obliged to go for a long time abroad did not return under my care till October, 1872. In the interval she had traveled much, and had undergone severe and unwonted exertion, and she now applied complaining of a new train of symptoms, such as difficult micturition, dragging pain in the loins, etc., referable, as it proved, to uterine displacement. On examination the os uteri was found much congested and painful on pressure, and the sound could not be found till traction was made by means of a vulsellum, when I ascertained the presence of an anteflexion. After puncturation of the os, so as to draw off one or two ounces of blood at short intervals, a practice I almost invariably adopt, I succeeded in retaining the uterus in proper position by one of Dr. Graily Hewitt's cradle pessaries, with complete relief of all the symptoms save the intermenstrual pain, which, although, perhaps, somewhat mitigated by general treatment, continues to recur as heretofore, presenting exactly the same train of symptoms as exhibited during the early period of menstrual life. I have been induced to bring forward this case as bearing out the views of Dr. Priestley in a remarkable paper published by him in the *British Medical Journal* for October 19th, 1872. He there recounts four cases very similar to that I have described, in two of which a distinct tumor connected with the ovary or uterus was ascertained by tactile examination; in the other cases only an indistinct thickening was found. In my patient only the latter condition was made out, an induration and thickening being perceptible when the finger was pressed high towards the left ovary. She also complained of a considerable degree of deep-seated tenderness when firm pressure was made externally in the left iliac region.

At the time the case first came under my care I was completely puzzled by the symptoms presented. I had never met with or read of any at all similar. Dr. Priestley's paper then was most welcome to me, and cast a considerable amount of light on a baffling and perplexing case.

Cataract Operations.

Dr. J. H. BUCKNER, of Cincinnati, read a paper before the Ohio State Medical Society, from which we make the following extract:—

At Moorfields Hospital, Graefe's operation, or a slight modification of it, is chiefly done by all of the surgeons in attendance with the exception of Mr. Streatfield, whose peculiar method I have reported in the Philadelphia MEDICAL AND SURGICAL REPORTER, of February 1st. The success of Graefe's operations as compared with the flap and other extraction operations, as obtained from the books of this hospital, show a large per cent in favor of Graefe's method.

Mr. Henry Powers, at Charing Cross, O. H., operates by Graefe's method, but still performs the old flap-operation in favorable cases, and occasionally operates by reclination.

Dr. Liebreich operates for extraction in every case by his new method. A detailed description of this operation has been published by Claxton & Co., of Philadelphia. Some of the noticeable features in the minor details of Liebreich's operations are, that he does not give chloroform, does not use a speculum, and does not require an assistant.

Dr. Wecker, of Paris, usually operates by a modified Graefe method, the details of which are given in Vol. VII., part 3, of the R. L. O. H. reports. He also performs the operation of removing the lens in its capsule in favorable cases, as strongly advocated by Dr. Pagenstecher, of Weis Baden, and M. Sperino.

Prof. Arlt does Graefe's operation according to the method, as I was informed by his assistant, Dr. Satler, practiced by the distinguished Graefe during the latter years of his life. In this operation the puncture and counter-puncture is made further back than

is ordinarily done by other operators. The section is completed in the sclerotic and a long conjunctival flap of about 1½ to 2 lines is made. At the Moorfields Hospital the surgeons are not favorable to a long conjunctival flap.

Prof. Edward Jaeger, the colleague of Prof. Arlt, completes the section in the sclero corneal border, and seldom leaves any conjunctival flap. It is only in the last year that he had become reconciled to Graefe's method, and he is still quite partial to the old flap-extraction operation, and speaks in very respectful terms of reclination.

At the Dublin O. H., Graefe's operation is done by Dr. Wilson, and Sir William Wilde. The latter is, however, still in favor of the old flap-operation in suitable cases. Dr. Wilson prefers to make the iridectomy previous to the operation of extraction. In cases of secondary capsular cataract, he makes an incision in the cornea, passes in a pair of iris forceps, seizes the capsule and withdraws it.

In opposition to the current opinion of most European operators, I may state that Prof. Quaglino, of Pavia, Italy, is a strong advocate for the old operation of reclination. He says that "the most permanent and brilliant results of depression are obtained in the case of cataracts which are either soft or cheesy in consistency, in the fluid ones among middle aged people, and in those which occur in infancy. In hard senile cataracts it may be adopted, but exceptionally."

Without stopping to discuss the propriety of performing at this day the old flap or reclination operation for cataract, we will briefly notice the relative advantages of the Graefean method and Liebreich's operation.

Dr. Satler remarked to me that Prof. Arlt's loss in extraction of cataract by Graefe's method was about two per cent for the last year. Other eminent and skillful operators have not been nearly so fortunate. Graefe's best statistics showed a failure of 2.8 per cent. The semi-annual report of Dr. Wecker's clinic for 1871 gives 3.15 per cent of failure by his modified Graefe's operation.

Judging from my own observation and data which I am not at liberty to use, I am convinced that a fair and impartial report of all the principal eye-clinics of Europe would show an average loss for the last two years, nearly if not quite equal to ten per cent. by Graefe's method. The great difficulty of arriving at any definite conclusion from published statistics lies in the fact that no uniform standard has been fixed for the degree of vision necessary to constitute a successful case. Dr. Wecker considers an acuity of vision of less than one-fifth an incomplete result. While some other operators give as low as one-tenth. I should be in favor of making the uniform standard two-fifths for successful cases, and any degree of acuity of vision below this to be classed as partially successful. The result of Liebreich's new operation for the extraction of cataract, in the hands of its originator has been, according to my observation, more successful than any other. Of fifteen cases of cataract which I saw Dr. Liebreich operate upon by his new method at Paris, during the Christmas holidays, all were successful. I saw there cases three, seven, and ten days after the operation, and at my last visit all were doing well and had good vision. Slight iritis ensued after the operation in two or three cases, but it was readily subdued.

A few days before leaving London, Dr. Liebreich informed me that he had operated for extraction of cataract in twenty-three cases (by his new mode) at Paris, during the first week of last April, without a *single failure*. The perfectly clear, round, and natural pupil, and the absence of secondary capsular cataracts after Liebreich's operation, would seem to make it preferable to Graefe's method, but other operators have not had the success with it with which it has been attended in the hands of Dr. L., prolapse of the iris and attachment to the corneal wound (anterior synechia), being a frequent occurrence. I may also state that among the many eminent eye surgeons with whom I conversed in Europe, but one or two were favorable to Liebreich's cataract operations.

Hygiene of the Ear.

In an article from *La France Medicale*, translated for the *Medical Press and Circular*, Dr. Bonnafont observes that the agents which most affect the ears are sounds and noises. The first are, according to the bodies which emit them and the force of their production, regular, like the voice, speech, or music, etc., when action on the organ of hearing is in proportion to their intensity and quality. The impressions vary also, often, according to the individual. One person, as we have remarked, will be agreeably impressed by a grave sound or tormented by an acute sound, whilst the contrary may be observed in others.

There are also some obscure and confused sounds which, although distinct, escape all classification. Setting out from the education of deaf-mutes and the blind, we have said that the auditory apparatus is more intimately connected with the intellect than that of vision, and that the intelligent blind man is more able to receive instruction of a serious and varied nature than the deaf who can see. Sounds experience great variations in quality and intensity, according to the state of the air and the medium they have to pass through to arrive at the ear. Thus it is that the density of the air augments the intensity, while its rarification diminishes it. Every one knows that the noise of detonation of a firearm in a vacuum is not transmitted.

AGE.

In order not to compromise the organ of hearing in early youth, it is essential not to expose children to acute and intense sounds,

especially to those of firearms, which may so easily produce grave disorders, either by tearing the tympanum, or by impressing a too great shock to the brain. These principles are also applicable to adults, for the number of cases of deafness occasioned by this cause in sportsmen, and artillerymen especially, is very considerable. I cannot too much recommend to both of these classes of men, when their ears are to be submitted to acute detonations, to take the precaution of always introducing a little cotton into each ear, in order to preserve the tympanum from the painful impression of a too direct shock. Just as in the case of too brilliant a light, noises too intense and prolonged may produce in children cerebral accidents, such as convulsions. If noises have sometimes inconvenience in health, they become always hurtful in disease, especially in those diseases which affect the nervous systems. Thus patients immediately on being attacked with fever demand of their own accord a little obscurity, but especially that the most perfect silence take place around them.

PROFESSIONS.

The apparatus of hearing having very intense relation with that of the intellectual faculties, it is easy to understand that too great labor of the latter may produce the fatigue of the former, which explains the great number of the deaf we find in persons who work in the closet, whose intellectual faculties are exposed to an incessant labor and tension.

Sedentary life, by provoking a nervous stimulation and divers conditions of suffering of the nerves of the stomach and digestive tubes, also much predisposes to affection of the ear by the sympathy which the organs exercise upon the auditory apparatus, and humming of the ear and hard hearing is common in such persons.

Affections of the ear being most commonly the consequence of diseases of the throat, which are transmitted by means of the Eustachian tubes, it results that all professions and all conditions which expose to contracting the one predispose equally to the other. Besides, the auditory apparatus is, by the meatus externus, under the direct influence of exterior agents, which may get introduced and become then the cause of frequent grave disease. We see, then, that this apparatus, although situated deeply and apparently well sheltered, is exposed, much more than is supposed, to different morbid agents which threaten it on both sides, and that by this fact it has at its command more hygienic remedies than generally are applied to it.

The military profession is one of those which expose men to diseases, of which those of the ear are not the least numerous, from change of climate, painful marches, and sleeping out of doors. These reflections also apply to sailors; and we, therefore, remark a number of deaf persons among sailors of all grades.

Forgemen, nailers, founders, bakers, and stokers are much exposed to the causes of deafness; as also are bleachers and bargemen. The trades, again, which act on the external ear and on the pharynx, are those where there are emanations of a hurtful and pulverulent nature in the workshops. Such are miners, beaters of cotton, carders, tanners, workers in sulphur mills, where the powder of sulphur is so thick in the shops that the atmosphere is charged with it.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The last number of the *Edinburgh Medical and Surgical Journal* contains favorable views of various American medical publications, among which we may mention Hartshorne's *Essentials of Medicine*, and Flint's *Physiology*. It is gratifying to find American medical writers receiving such just tributes, and it deserves to be repeated.

——Dr. John S. Hough, whose statistical work is always well done, has an excellent paper in the September number of the *Penn Monthly*, relating to the births, deaths, marriages and movement of population in the city of Philadelphia, from January 1st, 1861, to January 1st, 1872. It was originally read before the Social Science Association of Philadelphia.

——Steiger's *Bulletin Bibliographique* is a useful sheet to those who like to see the latest European announcements.

BOOK NOTICES.

Thinkers and Thinking. By J. E. Garretson, M. D., (John Darby). Philadelphia, J. B. Lippincott & Co., 1873. 1 vol. 12mo, pp. 254.

Starting from a discussion of the so-called "positive philosophy," the author in this work sketches the progress of speculative thought from the early Greek ages down to Bain and Spencer. His purpose is to illustrate the grounds for a belief in the soul (apparently as a separate entity distinct from the organization), and for a belief in a universal oneness of mind and matter, perhaps we might say a sort of modified Pantheism.

The author's leaning toward the abstract monotheism (for this it really is, and not

pantheism) of Spinoza is very observable, although he declines to follow that marvelous thinker to his full conclusions. The objection he urges to the latter (page 204) is to our mind fully answered by Spinoza's own distinction between the *essentia actualis* and the *essentia formalis*. The weak point of Spinoza is also his strong point. His axioms and definitions are a series of equalities arbitrarily assumed. These granted, most of his demonstrations are consistent; but if consistent, after all prove no existence; and if an existence, only a necessary and not an infinite one. Like all ontologists, he has cheated himself with words, and assumed a law of thought as an object of thought.

These reasons have, with most thinkers trained in positive science, led to the persuasion that no such road leads to satisfactory theories of life as an aggregate. Another and a better one may be found in science itself. There is no "unknowable" for man, and the laws of himself are laws of a class *sui generis*.

All intelligent men feel a profound interest in these great questions; and Dr. Garretson, in presenting such a brief and readable summary of the subject, has done an excellent work which will bear good fruit. He may find few to agree with him; but in this very diversity of opinion lies the germ of the effort which will some day dispel the obscurity which now overcasts these sublime speculations.

His reading of the philosophers has evidently been conscientious, and much of it in their own works. Here and there the partial views of Lewes seem to be retained, and we cannot say that due prominence is given to what to our thinking is the grand truth of all speculative reasoning, the cornerstone of every possible knowledge of the supersensuous, to wit, the positive character of privative conceptions. When this is rightly weighed, the Pantheistic idea is seen to be insufficient.

The study of works such as this is especially beneficial to minds engaged chiefly in exact and applied science, and in the midst of a work-day civilization such as ours. Their appearance is a good sign; and their general perusal would be a still better one. This fate we hope will come to the book before us, and its intrinsic merits deserve it.

Chemistry, Inorganic and Organic. With Experiments. By CHARLES LOUDON BLOXAM, Professor of Chemistry in King's College, London, etc. With 295 Illustrations. From the Second and Revised English Edition. Philadelphia, Henry C. Lea, 1873. 1 vol., 8vo, sheep, pp. 700. Price 5.50.

The only plan by which it is possible to get up any interest in chemistry, or to fix in the memory its laws and theories, is to go to work experimentally and actually perform the operations and manipulations the books tell about. This cardinal truth is fully recognized and constantly impressed on the student by the author of the work before us, and he loses no opportunity to incite and encourage the beginner to acquire this real familiarity with chemical products, and not merely gain a certain readiness and fluency in formulæ.

The first edition was published five years ago, during which interval chemical science has undergone quite a revolution in its symbols and nomenclature, as well as had many increments to its facts. Many changes are recognized by the author and incorporated in this present volume. The atomic system of notation has been adopted, although the author does not seem to make the change very heartily, nor without forebodings that it will still further increase the inhospitable aspect of most chemical treatises.

The sections on organic chemistry occupy about one-half the volume, and enter largely into the chemical changes of animal and vegetable life, as well as of the general organic products. Those branches of the science allied to military, pharmaceutical, and medical studies are well represented. The numerous illustrations of apparatus facilitate the study of the processes described and add materially to the value of the book.

—Dr. Charles F. Draper, of Newark, is heir to $250,000 left him by a Frenchman who died in California lately. He attended the Frenchman during a temporary illness in 1870, and a sense of gratitude made him leave the bulk of his estate to the doctor.

—Dr. William Hyde, one of the most prominent physicians of New England, died at Stonington, Conn., Sept. 25.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 11, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

ONE OF THE CONSEQUENCES.

Appropriate enough to the editorial we inserted a fortnight ago are some remarks since published in the New York *Herald*, setting forth one of the consequences of the prevailing ignorance of the laws of physiology which is upheld by certain professional writers.

This is concerning the neglect of sanitary provisions in school-houses, arising from a want of knowledge of their importance to the life and health of the children. Its remarks on the subject are so entirely true and point so directly to the real cause of so much illness that we shall extract some of them.

The editorial in the *Herald* maintains that the wretched arrangements for ventilation, etc., are due to the simple ignorance of school boards and school architects. A general ignorance of what the health of children demands epitomizes the whole matter, for it can scarcely be denied, if wisdom existed in the quarters where we are necessitated to look for it, that the evil would soon correct itself. But ignorant parents send their children to ignorant teachers, in schools built by ignorant architects and governed by ignorant boards. However intelligent these men and women may be in certain respects (and many of them are intelligent only as to the means of getting as much out of the way as possible of the trouble entailed by duty), they are ignorant of the hygienic principles involved in the proper education of young children.

These principles ought to form a part of the most limited education. The article adds:—

"We see, then, that the hygienic welfare of children educated in schools has very wide relations, and that it is in vain to expect any great reformation until there is a more even spread of culture among parents and school directors."

This ought to be reason enough to induce all physicians to cease declaiming against popular instruction in any and every branch of medical science.

NOTES AND COMMENTS.

Sugar-Coated Pills.

A facetious writer in a Vienna pharmaceutical journal thus refers to the "sugar-coated pills" on exhibition in the American Department:—

"Among the articles on exhibition from the United States, belonging to group III, (chemical products), our attention is attracted by a collection of white and red globules, put up in elegant bottles of different shapes and dimensions. We would suppose them to be some dainties if they were not embraced in Group III, and on further examination we find here almost all medicinal substances of the United States in the form of pills. We applied to the representatives of these firms for some details about the sugar-coated pills, as they are called, and learned that they are a necessity for the practical American, and that he supposes he is not able to exist without them. In case he is taken sick, he asks the physician, or a friend in whom he has confidence, what can be done against his ailment, and receives the advice to take some kind or other of pills. The patient buys them, and in case he gets well he will never again be without these pills; he will always carry

them with him, and if unwell take a few of them.

"We must, however, not forget that this is possible only in a country like America, where the largest portion of the physicians are charlatans, and where pharmacy may be practiced according to the notions of any individual."

We can afford to laugh at such an ass as this, but we feel regret, too, that a respectable journal would admit such a gross calumny as is contained in the last paragraph quoted.

The Union of the Camps.

The Canada Medical Association met in St. John, N. B., on the 6th of August last, and had a satisfactory session. The President, Dr. J. A. GRANT, delivered the usual address, from which we extract the following noteworthy passage:—

"In the Province of Ontario, for the first time in this country, the three bodies, Allopathic, Eclectic and Homœopathic, sat in one Council and deliberated upon medical affairs. This union was considered somewhat unique by staunch old conservatives in the profession. However, when the fact became known, that during five years not a single homœopathist or eclectic passed as such in Ontario, the reason of the union can readily be comprehended. A uniform standard of medical education was established, written and oral examinations demanded from each student, and being compulsory, was the means of directing in the proper channel many who might otherwise have found an easier entrance into the medical profession. Recently the Chief of the Homœopathic body has seen fit to withdraw from the Council of Ontario, and we anticipate that extra medical legislation may arise, in order to gratify those who consider their professional claims somewhat ignored."

This practical test of a union of opposing forces we judge proved satisfactory to our side at least; much less so to those who advocate general ignorance.

Therapeutical Notes.

We collect the following miscellaneous therapeutical scraps from various exchanges:

ASTHMA.

Dr. AD. D'EVOT gives some directions as to the remedies to be used in asthma. Twelve grammes of flowers of sulphur, with one gramme of tartarized antimony, are mixed with honey and powdered gum, and divided into sixty pills. Three of these represent the dose of Debreyne's powders, and one pill is given morning and evening.

Morning and evening a sheet of nitre paper may be burned in the bedroom or alcove of the patient. The paper may be prepared of white filter paper, dipped in a solution of nitre in the proportion of a drachm to an ounce.

CHILBLAINS.

MR. FERGUS recommends sulphurous acid in this affection. It should be applied with a camel-hair brush, or by means of a spray-producer. One application of this usually effects a cure. The acid should be used pure. A good wash for hands or feet affected with chilblains is sulphurous acid, 3 parts; glycerine, 1 part; and water, 1 part. The acid will be found particularly useful in the irritating, tormenting stage of chilblains.

FACIAL PALSY.

Dr. DETMOLD says of an obstinate case:—"I determined to try what mechanical means would do. I bent a wire into a hook, which I put into the drooping corner of the mouth, and, drawing it up, bent the wire over and behind the ear. I recommended the patient to keep it on overnight, trusting that, by entirely relaxing the paralyzed muscles, and supporting the dragging weight, I might somewhat relieve the defect." Prompt amelioration followed this method of treatment.

EAR COUGH.

Dr. J. SOLIS COHEN, of Philadelphia, had a patient subject to ear-cough, a peculiar spasmodic cough produced by touching any part of the external auditory meatus. Gave him a dose of twenty grains of quinine, which induced a cough exactly similar to the ear-cough from external irritation. This cough continued until the influence on the system subsided.

INCONTINENCE OF URINE.

Dr. GIROLAMO LEONARDI has found chloral a most valuable remedy in nocturnal incontinence of urine. The dose for children is from five to ten grains taken in water before going to bed. For adults the dose is proportionately larger. The treatment has been successful in all of his recorded cases. The remedy must be repeated for several successive nights.

CHRONIC DIARRHŒA.

Dr. RAYER, of Paris, advocates the combination of cinchona, charcoal, and bismuth

in the management of chronic diarrhœa, in these proportions:—Subnitrate of bismuth, ʒ j.; cinchona, yellow, powdered, ʒ ss; charcoal, vegetable, ʒ j.; M. Chart. xx. S. Two or three times daily during the intervals between meals.

RHEUMATISM.

Dr. A. GUBLER comes to the conclusion that there is nothing to justify confidence in trimethylamina in painful articular rheumatism. Among the cases he cites there are many absolutely unfavorable, while in others merely a happy coincidence can be observed; not one furnishes a decisive proof supporting the favorable opinion entertained by some.

PSORIASIS.

Dr. BUCK, of Berlin, has found the external application of acetic acid the best of all remedies in psoriasis. He first softens the skin eruption by soap and water baths, and rubs off the epidermic scales with a soft brush. He then paints the spots affected with dilute acetic acid, so long as the patient will bear it. This is done frequently. No scar is left, and the treatment requires four to six or eight weeks. The same application is useful in warts and ichthyosis.

The "West Coast."

The terrible dangers of a cruise or a campaign on the West Coast of Africa are about to be incurred by the English in their war with the King of Dahomey. The sanitary precautions requisite are exciting discussion among medical men. Their necessity may be judged from the following fact:—

Out of a detachment of 110 men sent thither three months ago 88 were sent home invalided, of whom 11 died on their passage to England, 60 were sent to hospital on their arrival, and the 17 who were able to march into their barracks appeared to be utterly broken down.

Cholera.

The discussion of cholera in the Public Medicine Section of the British Medical Association supplies some facts which are of service in this country at this time. The wide field of observation opened in India to English physicians renders their views on this subject peculiarly valuable, and the debate in question is important as representing the most advanced position of professional opinion. Two points stand prominently forth: first, that the material nature of the cholera contagium may be regarded as sufficiently proven to warrant full confidence in the efficacy of quarantine regulations, provided that they be thoroughly carried out; and second, that without denying the existence of other channels of infection, a leading part in the dissemination of the poison must be awarded to contaminated water supply.

A Remarkable Poison.

This poison is obtained by pressure from the seeds of *strophanthus hispidus*, an apocynaceous plant, found in Africa; and from experiments made with samples of it, taken from arrows upon which the natives place it, it appears that it acts more powerfully than digitaline or antiarine, and quickly paralyzes the heart. The seventeen thousandth of a grain will kill a frog, a sparrow, or a dog, though the resistance of certain animals varies. A snail, for instance, requires the ten thousandth of a grain; a mouse has withstood the seventeen thousandth of the extract (obtained by macerating the seeds in alcohol), while the latter dose kills a dog nearly a thousand times heavier than the mouse. The heart comes to a complete standstill after a few irregular efforts.

Influence of Unripe Fruit on Health.

DR. E. M. SNOW, Health Officer of Providence R.I., says in his last monthly report:—

During the last half of the month of August fruit and vegetables were very abundant in the city. Among the rest were two or three cargoes of watermelons, which rotted badly. Large quantities were carted away, too rotten to be eaten, and large quantities more, hardly less decayed, were carried off by children from five to fifteen years of age. According to the popular notions, there should have been a large mortality in August, from eating decayed fruit. On looking at the records we find 12 deaths in August between 2 and 5 years of age; 3 between 5 and 10; one only between 10 and 15; and five between 15 and 20; total, 21 between 2 and 20 years of age.

The causes of these deaths were as follows: 8 from scarlatina, 2 from diseases of the kidneys, and one each from congestion of the lungs, pneumonia, disease of the brain, marasmus, typhoid fever, tumor, epilepsy, rheumatism, accident, consumption, and

dysentery. Only one death in the whole number, between 2 and 20 years of age, from diarrhœal diseases. As this result corresponds with others, and is the general rule, we are forced to believe that the popular ideas in relation to this subject, like many others, are not founded upon facts.

The Board of Health, of New York, acting on the latter assumption, has, during the past summer, destroyed vast quantities of decayed fruit and vegetables.

Useful Police Regulations.

An excellent police regulation is in force in London, which is, "that in every case where a person is brought to a station in a state of insensibility, whether supposed from drink or any other cause, the officer on duty at the station is to send for medical advice as soon as possible. Drunken persons are to be visited and spoken to in the cells every half hour, and if they become insensible and cannot be roused, medical advice is to be sent for at once." Were some similar method adopted in our large cities it might prevent a considerable proportion of the deaths from "apoplexy" and kindred causes that occur in the cases of prisoners arrested for supposed "drunkenness and disorderly conduct."

Campaigning in India.

A surgeon writing to an English Exchange gives an account of a campaign last spring in Upper India, as follows:—

Young men who set out in the morning in the vigor of health dropped dead on reaching the encamping ground, many smitten on the road by the overpowering heat of the sun, especially when at the meridian, the rays darting downwards like a torrent of fire. Those struck turned giddy, foamed at the mouth, some instantaneously became lifeless. The tents were ill-adapted to afford shelter when the thermometer in the shade frequently exceeded 130° Fahr. Water became scarce, owing to sickness and mortality amongst the native servants, who in their own climate suffered more than Europeans. The sick list of the latter daily increased, and many had to be conveyed all day long in country carts without any covering.

High Wages and Increased Drunkenness.

Higher wages do not bring happier lives, in many instances. A recent speaker in England, addressing the workingmen of Berwick-upon-Tweed, said: "The worst use a man can make of his earnings is to spend them on drink. * * * The revenue laws are so contrived that every shilling spent on alcoholic liquors yields its contribution to the Exchequer. The flourishing state of the [British] revenue for the last few years has been due to the fact that high wages have enabled workingmen to *consume an unusual quantity of excisable liquors.*

The rapid increase in drunkenness of late years is owing to the greater abundance of distilled liquors and the higher wages of operators.

Correspondence.

Strychnia with Atropia in Ophthalmia.

Eds. Med. and Surg. Reporter:—

Prof. George B. Wood, M.D., in U. S. Dispensatory, No. 12, page 564, line 23 from bottom, says that the action of nux vomica is directed more particularly to the paralytic part. He also affirms that the effects of strychnia are precisely similar. In a solution of strychnia, gr. ij, with atropia, gr. $\frac{1}{8}$, the expansive effects of the atropia are vastly greater than the contractile effects of the strychnia.

Having myself very often suffered from ophthalmia, occasioned by previous long continued and excessive use of artificial light, and having obtained only partial relief after several days' trial of such remedies as plumbi acetat with tinct. opii dil., alum et potas. sulph., cupri sulph., cold water, etc., I at length, encouraged by the above-mentioned statement of Dr. George B. Wood, prescribed for myself.

℞.	Atropiæ,	grs. j$\frac{1}{8}$
	Strychniæ,	grs. ij.
	Acid acetat,	gtt. j or q. s.
	Aquæ rosar,	fℨ iv. M.

Dose one drop in each eye once daily. This combination acted like a charm, usually rendering the eyes clear in a few hours. For weakness of my eyes I have used,

℞.	Strychniæ,	grs. ij.
	Acid acetat,	gtt. vj, or q. s.
	Aquæ rosar,	fℨ vj.

Dose 1 drop in each eye thrice daily. I have continued this practice once, twice, or thrice daily, for I think about 17 months; during which I have suffered only once and but slightly from ophthalmia, occasioned by coryza, about two weeks since. This is a longer exemption than I had enjoyed during

the previous 14 years. For dullness of hearing I have employed,

℞.	Strychniæ,	grs. viij	
	Acid acetat,	gtt. v, or q. s.	
	Aquæ rosar,	fl℥ ij.	M.

Dose 1 drop in each ear once a day. My dullness of hearing has by this means been much diminished; as has also that of Mrs. Brooks; a friend of Mrs. Brooks', Mr. Turner, and his father-in-law, and several others. For acute ophthalmia I usually prescribe,

℞.	Atropiæ,	grs. ½.	
	Strychniæ,	grs. j.	
	Aquæ rosar,	fl℥ j.	M.

Put 1 drop in each eye once a day. Many have been promptly benefited by means of this combination.

Miss Martha Robinson had suffered severely from ophthalmia with conjunctivitis throughout 2 years. The treatment she received during 18 months produced very little visible relief. I prescribed for her the first of the preceding formulæ, together with ung. hyd. rubri. Within two weeks her eyes and eyelids were completely relieved. One or two slight relapses have promptly yielded to the same remedies. I saw her a week ago, and was pleased to see her eyes looking bright and clear.

Miss Agnes Whitlock had suffered severely from ophthalmia with conjunctivitis, throughout 5 years. She was obliged to abandon school on account of it; and although she habitually wore a shade, and occupied a darkened room, she complained bitterly of the light hurting her eyes when she came in to attend meals. The treatment to which she submitted during this time produced only slight and transient amendment.

I prescribed for her the first of the preceding formulæ, with ung. hydrarg. rub. Within two weeks her eyes became normal, and with the aid of the same ℞. and strychnia, which I have previously stated I use myself, she has had no relapse at all during about 19 months.

I hope that the preceding facts and views may lead some physician to use either the preceding formulæ, either as they are, or somewhat modified, in treating ophthalmia, weak eyes, and partial deafness.

As coryza will be somewhat prevalent till about next April, please allow me to add my formula for it to the several which have already been furnished to your excellent Journal.

℞.	Pulv. cubeb.	ʒij.	
	Pulv. cupri sulph.	grs ij.	M.

In one box. Snuff up a small pinch about every two hours till relieved.

THOMAS BARROWS, M.D.
Baltimore, Maryland.

—A peculiar throat disease is said to be raging among the children in Luzerne county, Pa.

NEWS AND MISCELLANY.

The Outbreak of the Cholera in New Orleans.

The *New Orleans Republican*, of Aug. 29, corrects a number of errors into which Dr. PETERS, of New York, has been betrayed in his history of the origin of the cholera on the lower Mississippi in 1873. As this point of medical history is one of great importance, we extract as follows:—

"Dr. PETERS' article on 'The Southwestern Cholera of 1873' commences with this sentence:—

'This outbreak of Asiatic cholera commenced in New Orleans, on February ninth, in the person of a Prussian aged fifty-six.'

"The history of this case is briefly this:—

"Name, Peter Thompson, said to be a Prussian sailor. Had lived some time in Galveston, went from there to Pensacola, where he left his wife and children. He arrived in New Orleans from that city *two months* before he was taken sick. No succeeding case can be traced to this death. The case located nearest to it was a square and a half away and one hundred days later. This case was caused by indulging extravagantly in cabbage while suffering from diarrhœa.

"The second case occurred two miles from the first case. The patient had lived five years in the city and had visited no ships. There is no communication between the two portions of the city except by cars and the greater part of land between them is not built upon. The disease in this case was brought on by hard drinking.

"Dr. Peters says:—

'The first deaths from cholera were among foreigners; and the deaths among the whites almost always exceeded those among the blacks, showing that the disease was not of indigenous origin.'

"As the excess of white population is in nearly the same ratio, it is hard to see how this inference can be drawn. It is 'reconciling facts to the theory.' The two first victims were certainly not natives, but it is equally certain they had lived here too long to have imported the disease.

"The third case was of a colored native of Louisiana, eighteen days later than and three miles and a half distant from number two, and a mile and a half from number one. No communication had been had with any ship or either of the other cases. The next case in that vicinity was two months and thirteen days later.

"The fourth case was that of a black woman. She had been near no ship, and had no connection with any case. Her husband had come down the river on the R. E. Lee a few days before, and died of what the neighbors considered the same as her disease, but which was certified as inflammation of the bowels.

"The fifth case was a mile and a half from the last, and in that vicinity there were no more cases for ninety days.

"The sixth case was of a black man, fifty

years old. He went to his business in the morning and died at half past two in the afternoon. The beastly filth of his premises was undoubtedly the cause of it. No case occurred in this neighborhood for twenty-eight days.

"The next case was that of a homeless man from Natchez. Dr. Peters will hardly contend that he brought Asiatic cholera down the river.

"No two of these cases can be connected with each other. They were not brought from any ship. No subsequent case can be traced to them.

"Dr. Peters repeats his statement, that:—

'It was generally admitted and understood that the disease had been imported by some German vessel, or vessels from the Baltic.'

"Who made any such admission except Dr. Peters it will be hard for him to tell, for there is not a physician in the city who believes it was imported. The doctor's understanding has evidently been captured by the idea, but it will be difficult to induce any rational being to subscribe to that belief, when not a single vessel has come from there since November, 1872. As further evidence against so unwarrantable a theory Dr. Howe has secured the sworn statement of the physician and captain of every vessel that has arrived at Quarantine station that there has been no cholera on board during the voyage. During the whole sick term the Charity Hospital did not receive a single immigrant who was ill of cholera. Two sailors only had it. They were fifty-nine days from Liverpool, and had been in the city ten days. There were no passengers on the ships that brought them. In the whole list of cases not one can be traced to a ship. Enough has been given in detail to show the absence of the peculiar contagion of Asiatic cholera."

A Dangerous Offender in Custody.

A man named J. Ryan was arrested in New York, September 27th, by Deputy Marshall Crowley, charged with sending obscene literature through the mails. He waived an examination and gave bail in $5,000 to await the action of the Grand Jury. Ryan has been known by the following aliases: Clinton Medical and Surgical Institute, Dr. John Harvey, Dr. Bell, and Prof. Draper, all of No. 147 East Fifteenth street; Lucille Demarre, and Lucille Demarre & Co., and Edgar Tremaine, of Station D.; Martin Dutton & Co., Nos. 704, 708, 735, 767, and 776 Broadway, and also various numbers in Nassau street; Marcus L. Bryan, No. 64 Cedar street; J. Bryan, M. D., of No. 84 Cedar street; Dr. J. Bryan, No. 96 East Thirteenth street; Clinton Medical and Surgical Institute, No. 249 South Tenth street, Philadelphia, and a place in Baltimore. The great sawdust and swindling firm, named W. T. Mason & Co., of No. 182 Fulton street, is also run by Ryan. It is expected that the case will go before the Grand Jury at an early date.

The Yellow Fever.

Three physicians arrived at Shreveport, from New Orleans, September 24th, and one of them telegraphed to the New Orleans Howard Association that the Shreveport pestilence is genuine yellow fever, and that between fifty and sixty per cent. of the cases are fatal. There had been about four hundred deaths to that date. The fever took a fresh start on September 24th, and many new cases and 17 deaths were reported. The destitution was terrible, and it cost the Howard Association $2000 per day to nurse the sick and support the penniless widows and orphans.

—Up to October 4th, 502 deaths from yellow fever occurred in Memphis.

Cholera Notes.

IN EUROPE.

On September 25th the sanitary authorities reported that the cholera was disappearing in Paris, and that the average number of deaths from that disease for the past week were only twenty per day.

During September cholera continued to prevail in the north of France, in Caen, Rouen, Bolbec, Havre, Bretteville, etc. One case was reported from the Hague in Holland. In Berlin, Königsberg, Dresden, and other German cities, cases were numerous, and in some districts, as in the circle of Gleiwitz, it was excessively malignant. Genoa, Parma, Padua, and Trieste, in Italy, all reported cases, and here, as almost everywhere else, nearly or more than half the attacks were fatal. No treatment, whatever, so far, seems to reduce the mortality.

Typhoid Fever in London.

A despatch from London, September 29th, says:—

The cases of typhoid fever in this city are daily increasing in number, and alarm is felt in some infected quarters.

The cause of this epidemic was supposed to be contaminated milk. At Brighthouse and Wolverhampton, numerous cases of the disease have been traced to the same cause, and the spread of the fever has been stayed "by cutting off the supply of pump water used by the milkmen."

A Boy's Toothache.

The funny man of Danbury says:—

A school-boy's toothache generally commences at eight A. M., reaches the highest altitude at a quarter to nine, when the pain is intense to an extraordinary degree; commences to subside at nine, and after that disappears with a celerity that must be very comforting to the sufferer. If at night that boy hasn't got four quarts of walnuts spread out to dry up stairs, it is because there is no place up stairs to do it.

A Strike for Fees.

The medical practitioners of the Canton Aargau, in Switzerland, says the *Gazette Hebdomadaire*, have just declared a strike because the remuneration given them for visiting the poor is so wretchedly meagre. It seems that the tariff has not been changed since 1804, and according to it a practitioner, for a visit paid to a pauper at a distance of three-quarters of a league, receives the incredible sum of seventy centimes, or 7d! For the same distance a *commissionaire* receives a franc.

Personal.

—Dr. George Collier, a druggist of Holly, Mich., complained of being unwell on Sept. 18th, and went into his bedroom, where he shot himself through the heart. The suicide is attributed to a painful physical ailment of long standing, which the fall weather had aggravated.

—Dr. George B. Wedley, a well-known colored physician and politician of St. Louis, died last week in Marysville, Miss. of yellow fever.

New Medical Society.

On the 19th of August a Medical Society was organized in this State, including the rather sparsely populated counties of Elk, McKean, Potter and Cameron. The following officers were elected: *President*, W. H. Delong; *Vice Presidents*, W. J. Coagin, and T. S. Hartley; *Secretary*, J. T. Lanning; *Treasurer*, S. S. Smith; Orator, L. Balfour.

—A New York physician recently paid $2800 for the bones of the horse which carried Napoleon Bonaparte on the day of Waterloo.

—There are 950 acres of cinchona trees in the Government plantations on the Neilgherry hills, India.

—A meeting of the surgeons who served in the Confederate army has been called, to take place at Atlanta on the 20th of May, next year.

—The late Dr. Nelaton left property valued at 7,000,000 francs.

QUERIES AND REPLIES.

Dropsy of Knee.

Dr. H., of Ky.—We recommend you to try Dieulafoy's Aspirator. Its action has been highly recommended in just such cases.

FUNERAL OF DR. DIXI CROSBY.

The funeral of Dr. DIXI CROSBY, who died Sept. 26th, took place in Hanover, N. H., on the 29th. The large church was crowded. Places of business in the town were closed, and business affairs were suspended. The entire medical school, the Dartmouth students, and the students of the various departments were all present. Numbers of people came from adjoining towns. The President, Dr. Asa Smith, of Dartmouth College, and Rev. Dr. Leeds pronounced the proper eulogies on his life and character. Dr. CROSBY was seventy-three years old. He was connected with Dartmouth College as Professor of Surgery and Anatomy for thirty-five years. Dr. A. B. Crosby, who fills the chair of anatomy in Bellevue Hospital Medical College, in New York, is his son.

MARRIAGES.

BACHE—BLEECKER.—At the Rectory of St. Ambrose P. E. Church, by Rev. Frederick Sill, D. D., John Owen Bache and Mary L., youngest daughter of Dr. E. Bleecker, all of New York.

JONES—COCKEFAIR.—On the 16th of September, at the residence of the bride's mother, Dr H. E. Jones, of Anderson, Ind., and Miss Mary Cockefair, of Cambridge City, Ind.

KEARNEY—MINER.—In Cincinnati, Sept. 15th, at St. John's Church, by the Rector, the Rev. Dr. Davidson, Dr. Thomas H. Kearney and Miss Lavinia Andrews, daughter of Judge John L. Miner.

LONG—DENNIS.—At St. Stephen's Church, Wilkesbarre, Sept. 18th, by Rev. R. R. Williamson, John Leslie Long and Helen Irving, daughter of Dr. W. F. Dennis, of the above place.

LONGSHORE—PIERCE.—On the 28th of August, in Fort Dodge, Iowa, by Judge Strow, Dr. Channing Longshore and S. Maria, daughter of I. Newton Pierce, both of this city.

MILES—MCCLINTOCK.—At the residence of the bride's father, Sept. 18th, Erskine H. Miles, of Peoria, Ill., and Miss Lizzie R. McClintock, daughter of Dr. J. R. McClintock, of Pittsburg.

DEATHS.

ALLEN.—In New York, Sept 19th, Susan A. Allen, wife of Dr. James Allen.

BUFFETT.—At Bergen (Jersey City Heights), Sept. 26th, 1873, in the 30th year of her age, Alletta, wife of Edward P. Buffett, M. D., and daughter of C. C. Van Reypen, Esq.

EMBREE.—Sept. 22d, after a long and severe illness, George W. Embree, Deputy Collector of Customs, New York.

HYDE.—At Stonington, Conn, Sept. 25th, William Hyde, M.D., aged 64 years.

NIGHTINGALE.—Dr. Nightingale, a prominent resident of Hunterdon county, died of apoplexy, recently.

ORMISTEAD.—Dr. O. W. Ormistead, formerly of Lynchburg, died suddenly, in Mecklenburg Co., Va., on the 13th inst., and his wife was so prostrated by the shock that she survived him but two hours.

PETTIGREW.—In Rural Village, Pa, Sept. 5th, Mary Emma, child of Dr. John M. and Cordelia R. Pettigrew, aged 1 year, 6 months and 21 days.

SWAYZE.—At the family homestead, near Mooresburg, Pa., Sept. 18th, 1873, Margaret Simington, wife of Geo. B. H. Swayze, M. D., of Philadelphia, aged 36 years.

THOMPSON.—At Islip, Long Island, Sept. 22d, Robert Maurice Thompson, eldest son of Dr. A. G. and Sarah E. Thompson, in the 21st year of his age.

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No. 30 North William Street, New York.

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This Extract is a *pure Extract of Beef*, unsurpassed in quality, free from fat and gelatine, each pound of which contains the soluble nutritive constituents of 34 to 36 pounds of the finest beef, exclusive of bones and fat, corresponding to about 45 pounds of good butchers' meat. As a medicinal agent it will be found of great value to the Sick, Invalid, and persons and children of Weak Constitutions, but its most extensive use is for domestic purposes.

It will keep unaltered for years in any climate, and will recommend itself at once for its *purity*, its *permanency* and *cheapness*.

Physicians, by ordering Liebig's Extract of Meat of La Plata, may rest assured of having the purest Extract of Meat that can be prepared.

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OF UNCHANGEABLE IODIDE OF IRON.

BLANCARD'S Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well-deserved favor among Physicians and Pharmaceutists. Each pill, containing one grain of Proto-Iodide of Iron, is covered with finely pulverized Iron, and coated with balsam of Tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

GENERAL DEPOT IN THE U. S. AT
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I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M. D. *Fall River, Mass.*

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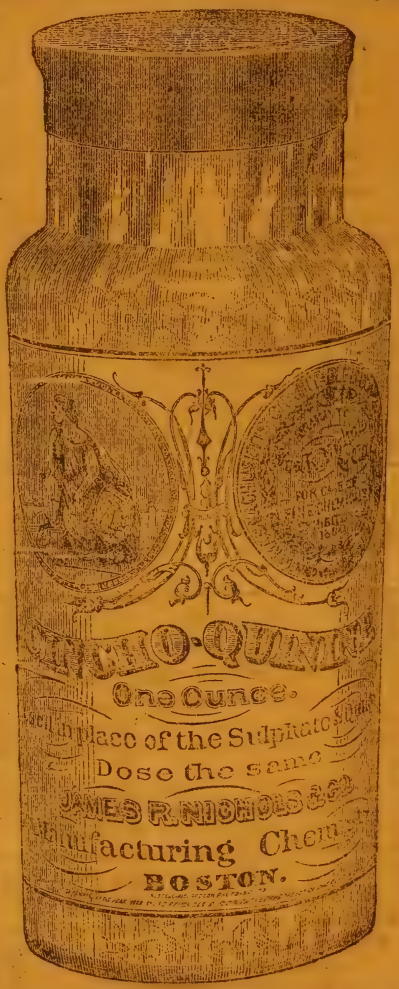

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BY S. W. BUTLER, M. D.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 868.] PHILADELPHIA, OCT. 18, 1873. [Vol. XXIX.—No. 16.

Original Department.

Communications.

SOME OBSERVATIONS UPON FAVUS.

BY SIMON S. KOSER, M. D.,
of Pottsville, Pa.

In the consideration of the character and causation of but few diseases has more confusion existed in the profession at large, perhaps, than in the study of favus. With the notable exception of Mr. Erasmus Wilson, however, nearly all dermatologists of reputation now agree to consider it a contagious eruption, generally having its primary manifestations upon the hairy scalp, and characterized secondarily by the formation of crusts of a pathognomonic appearance. Its contagious nature is supposed to be attributable to the transmission, by actual contact of the sporules, etc., of a fungus, called, in honor of its distinguished discoverer, the achorion Schönleinii, which he first described in the year 1839. It is not our inclination to enter into the long-waged discussion as to the nature of this parasite (if it has been proven to be such), whether there is but a common one for all these skin diseases, as advanced by Hebra, or whether, according to Devergie, their presence is an accidental occurrence. This our ability and space do not warrant, and our brief remarks shall be of a more practical, and, perhaps, profitable character.

I was consulted by a lady, who was a stranger to me, concerning an eruption that four of her children, of ages ranging from two to ten years, had been suffering from for some time past, and which proved quite obstinate to the treatment of the physician under whose care they had been up to that date. Upon examination, I found upon the head of each child a few scabs or crusts, and those first affected also presented the same condition upon the arms and the abdomen. The crusts, generally, were isolated, and possessed all those peculiar characteristics of favus which rendered a diagnosis unmistakable, although I only came to a conclusion after a thorough examination of each case, as favus is so rarely met with in this country, especially outside of our great cities. They varied from three to nine lines in diameter, were sunken beneath the surface of the skin, and, in figure, were cup-shaped, being concave externally, and convex internally. The thick, dead-looking crust in the centre of the depression served to give them the "crab's-eye" appearance, around which a condition was presented as if sprinkled over with a mixture of sulphur and flour, while some of the older ones were becoming dry and pulverulent, crumbling away, and losing their characteristic shape. Only one child had any eruption over its eyebrows, and but three of the four more or less upon the body, it having appeared in each case first upon the scalp. While eliciting their histories, the mother insisted that the children had contracted it from a cat, with which they had been amusing themselves, relating the following account: It was noticed the cat had borne a number of crusts some three months previous to the time she called upon me, and in a short period the mother saw that something of the same sort was successively attacking her children. As no grave symptoms were immediately manifest, but little attention was directed to

it, until it was found that the neighboring children, who had been accustomed to play with the same cat, presented an identical condition. By this time several kittens, offspring of this cat, similarly affected, were given away, and taken to different parts of the community, and, strange to say, the same history was found in each case; that the children who nursed these cats invariably contracted the same disease, and those alone. In a couple of weeks more the family moved to a different street, taking with them the original cat, when the neighboring children, who fondled the animal, were attacked as the others had been, as was also a child who had just been brought from Baltimore by its mother, who was visiting a neighbor. In this manner all the children who played with either of the cats took the disease, and they alone.

This story seemed too plausible to be mere credulity, hence I proceeded to make some inquiries for my satisfaction, believing that where there is so much smoke of evidence, there is at least some fire of truth. I examined the original cat, and found the scabs very nearly identical in appearance with the favus crusts on the two families of children then under my observation. Knowing that this disease sometimes occurs in the lower animals, and being prompted by this novel history, I inoculated a healthy cat and a healthy dog with a portion of crust taken from the diseased animal, and found it would "take," and produce a scab just like the one from which I inoculated. And, knowing further, that the theory has been advanced of the possibility of contracting the disease from the inferior orders of creation, especially the feline family, I wished to get some light upon the truth or fallacy of this hypothesis, by endeavoring to transfer it from my inoculated cat to the arm of a child, by the same operation, which, to my surprise, proved to be successful. Now, to make a brief resumé of the whole, we have, first, the history of the cases, than which no stronger argument could be offered to support the truth of this theory; secondly, if the disease can be inoculated in this manner from one animal to another, is it not reasonable to suppose that it can be contracted by an animal from one of its kind; and, thirdly, if one of the lower animals can thus contract it from its fellow, and if it can be transferred from them to the human subject by inoculation, what reason have we to doubt that man may contract it from them by actual contact? From the facts in the case, and from the experiments related, we feel justified in believing that these children received this disease from those cats, and that favus can so be transferred. Physicians have frequently inoculated their own persons from a patient, but if observations like these have before been published we are not aware of the fact, and should be glad to receive more information by learning of similar occurrences, if any have been noticed.

There was an absence of tubercular history in all the cases seen by me, which does not coincide with the opinion of Neukranz, who considers favus and tuberculosis to be identical departures from health.

The hair became very dry, and presented an appearance as if dead, which was very noticeable. And where the crusts fell off, an unhealthy, bluish-colored spot remained, upon which the hair was at least slowly reproduced, if, indeed, at all.

The hygienic conditions under which these families lived were not the most favorable to health and bodily vigor, which was plainly shown in the squalid features of the children, who, we have reason to suppose, suffered greatly from poor diet and lack of ventilation. This condition of affairs undoubtedly played a prominent part in originating and sustaining this disease, and explains why the few cases that occur in this country are nearly always in the crowded alleys of our great cities.

But the principal idea that we wish to impress with this article is that favus can undoubtedly be transmitted from the lower animals to man, at least when brought in such intimate contact as these children were with the cats, by constant nursing and fondling.

—The danger of excessive training for contests of strength, muscular or mental, has been often exemplified. Very hard study, Dr. Richardson shows, leads to Bright's disease, and more than one student has fallen a victim to it. Recently the telegraph announced the wearing out of the life of an athlete of another description—"Heenan," the once-famous pugilist. He has been in a failing state almost continuously since his return from England. He, too, passed through the dreadful ordeal of a severe "professional" training, and was at one time believed to be one of the finest specimens of the mere physical man in existence. But the fatal results of overtaxed energies, of exhausting drafts upon his vitality, soon showed themselves in his premature decay.

Editorial Department.

Periscope.

Selected Abstracts.

We make the following selection of abstracts of papers read before the late meeting of the British Medical Association :—

ENLARGEMENT OF THE BRONCHIAL GLANDS.

By Noel Gueneau de Mussy, M., D. Paris.

The enlargement, etc., of the bronchial glands, noticed by the anatomists as very common, has been described by the pathologists only in its most severe forms, and as very rarely met in adults. It is, however, very common. It may complicate all the affections in which the respiratory organs are concerned, and modify both the physical and the physiological symptoms of these affections. It usually produces cough or dyspnœa; in some cases aphonia and vomiting, according to the relation of the enlarged glands to the pneumogastric nerve, or to a portion of that nerve. Protracted whooping-cough, lasting, it may be, several years, is connected with this enlargement. The physical sounds are rubbing, impairment of elasticity, and acute percussion-sound at the upper part of the sternum, the inner part of the first two ribs, the intercostal spaces, and the sterno-clavicularis joints; and posteriorly over the laminæ of the first four vertebræ, usually on one side. On auscultation, there are weakness, acuteness, roughness of the respiratory murmur in one part or in the whole of one lung; generally protracted respiration; sometimes localized sibilant rhonchus; and very often, near to the spine and to the sternum, an expiratory *souffle*, which is the tracheal respiration conducted by the enlarged glands. Sometimes these signs may be modified by the movements of the neck. The treatment recommended was iodine internally, and locally chloride of sodium, arseniate and carbonate of soda, and such general means as improve the lymphatic constitution.

THE GERM-THEORY OF DISEASE.

By T. J. Maclagan, M.D., Dundee.

It might be accepted as proved that contagium is particulate and organized. Being organized, it must be animal or vegetable. It was an accepted fact that the contagium is reproduced to an enormous extent in the system. The reproduction of an animal organism is competent to the production of the essential phenomena of idiopathic fever. These are: 1. Increased waste of the nitrogenous tissues; 2. Increased consumption of water; 3. Preternatural heat; 4. Increased frequency of the cardiac action; 5. Increased frequency of respiration. An animal organism consumes oxygen, nitrogen, and water, and gives off carbonic acid. 1. The increased waste, or, more properly, diminished bulk, of the nitrogenous tissues may be due in part to increased disintegration, but is mainly attributable to defective supply, consequent on the consumption by the contagium of particles of the nitrogen which enters the blood from the assimilated ingesta, and which is laid hold of by the contagium at the moment when it is about to pass from the circulating to the organ albumen. The propagation of the contagium takes place in the tissues; and the action which normally results in the formation of tissue, during the continuance of idiopathic fever, results in the formation of the protoplasm of the contagium-particles. This action is identical with that which leads to the formation of tissue, and is accompanied by the same increased flow of blood through the capillaries which would result from increased tissue action. The contagium arrests the nitrogen requisite to the completion of the *constructive* tissue changes, but the retrogressive changes go on, and urea is formed in increased quantity. 2. The increased consumption of water is due to the increased demand for that fluid consequent on the propagation of an organism which largely consumes water. 3. Preternatural heat is due to excessive consumption of the oxygen, nitrogen, and water by the contagium. It is immaterial, so far as the production of increased heat is concerned, whether the consumption of these materials results in the formation of tissue or of the protoplasm of the contagium. 4. Increased frequency of the heart's action results from the general hastening of the blood-flow through the capillaries; and this, in its turn, is due to the increased demand for blood in the tissues consequent on the propagation of an organism having wants identical with their own. 5. Increased frequency of respiration may be due to diminished supply of oxygen, or to excess of carbonic acid; to whichever cause it is attributed, the reproduction in the system of an organism which consumes oxygen and gives off carbonic acid is capable of giving rise to it. All the other phenomena of fever which are usually attributed to blood-poisoning are really due to defective supply of nutrient material. The typhoid symptoms, the delirium, and even the convulsions which occur in severe cases, are all of anæmic rather than of uræmic origin. This theory affords a sound pathological basis for that treatment which clinical experience has shown to be most successful, and which essentially consists in giving to the patient what his system is deprived of by the propagation of the contagium, oxygen, nitrogen, and water; fresh air, easily di-

gested nitrogenous food, and water *ad libitum.*

THE SYMPTOMATIC ALTERATIONS OF MUSCLES.

By George Hayem, M.D., Paris.

This expression was used by Dr. Hayem to denote the changes which take place in muscle under the influence of most diseases. He had found them not only in acute specific diseases, but also in diseases of slow progress, leading gradually to marasmus and cachexia. The mode of evolution and the histological characters of the changes were found to differ according to the disease which they attended. The general result of numerous researches made by M. Hayem was to show that the muscular system indicates, in distinct anatomical characters, the general disturbance of nutrition which attends all diseases. It might be said, in general terms, that, when nutrition suffers, the muscular tissue has a tendency to disappear, at least partly, more or less rapidly in various ways. Along with this process of destruction, there is also, both in chronic cachectic states and in acute diseases, a constant effort at repair, attended with varying results. The new muscular fibres, in all these cases, are formed by proliferation, either of the pre-existing muscular cells, or of the cells of the connective tissue (the internal and external perimysium). M. Hayem had found changes in the heart analogous to those met with in the muscles of the body, both of destruction and of reproduction of muscular fibres. The paper was illustrated by specimens.

ON THE CAUSES AND TREATMENT OF CERTAIN FORMS OF SLEEPLESSNESS.

By Dyce Duckworth, M. D.

In this communication the author called attention to certain forms of insomnia that appeared to have escaped the attention of many systematic and special writers. In especial, it was shown that a most common cause was dyspepsia occurring at night. The peculiarities and clinical facts of this nocturnal dyspepsia were discussed, and its relation to atonic dyspepsia was pointed out. The insomnia due to excessive use of tea, coffee, and tobacco were described; also that due to bodily and mental exhaustion. The appropriate treatment of the forms of dyspepsia, and of the sleeplessness resulting was fully dwelt upon. The insomnia due to over-anxiety or prolonged loss of sleep; the "insomnia of bad habit," was next discussed; while that form due to the presence of certain odors, and of defective hygrometric conditions of atmosphere was also treated. Remarks were made as to posture, and the condition of the cerebral circulation during sleep, and, lastly, the methods of treatment for the varying causes of insomnia were discussed at length.

Dr. Gairdner, Glasgow, doubted whether the indigestion were the cause of the sleeplessness. He rather thought the dyspepsia and the insomnia were due to a common cause.

ON A NEW METHOD OF DETERMINING THE PRESENCE OF, AND RECOVERY FROM, TRUE RINGWORM.

By Dyce Duckworth, M.D.

The author called attention to the action of chloroform upon the infected hairs in cases of tinea tonsurans. It was shown that this agent caused the hairs to become white or slightly yellow in color, and thus to be distinctly mapped out and easily distinguishable from surrounding healthy hairs. The causes of the change were briefly discussed, and the particular phases of the disorder suitable for this application were pointed out. The effect of chloroform on patches of favus, tinea versicolor, melasma, and alopecia areata was likewise discussed. It was shown that no other reagent, so far as was known, possessed the peculiar properties of chloroform in affecting parasitically diseased hairs.

WHAT IS CHOLERA?

By W. S. Oliver, M. D.

Dr. Oliver stated his theory of cholera to be, that a poison (at present unknown) enters the circulation through the gastro-intestinal or the pulmonary mucous membrane, most frequently the former; and that this poison either temporarily paralyzes, or, if excessive, entirely deviates the vital property which influences the germinal matter of which the body is composed, and permits the physical to supersede the vital actions occurring in the tissues. He considered that cholera is not of a fungoid nature, but that certain fungi multiply in the intestines in this disease, as they sometimes do in other forms of gastric or intestinal derangement. There was, he thought, but little doubt that the cholera poison was a fluid, and highly miscible with water, and capable of being volatilized or refrigerated by moderately high or low temperatures. For treatment he recommended hyposulphites and carbolates, transfusion of healthy blood, and saline baths or drinks.

ON THE FORMATION OF URIC ACID CALCULI.

By George Harley, M.D., F.R.S.

There had recently been published some discordant views on the subject, which, instead of advancing our knowledge, seemed rather to carry us back to the time ere physiological chemistry had revealed the true nature of calculi, and laid a sound foundation for their rational treatment. As perfectly healthy urine never contained any deposit, the frequent appearance of a crystalline or amorphous sediment in the urine was a sign which ought never to be disregarded, as it was the earliest indication of the formation of a urinary concretion; and it was in this early stage that medicine was potent in arresting and eradicating the disease. The deposition of a calculus in any part of the urinary passages, no matter

whether it were a constitutional or accidental one, was always due to some special local cause, which might be trifling or temporary. When the deposition of urinary sediment had begun, the calculus went on increasing independently of the original local condition. The proportion of patients affected with uric acid, when compared with those laboring under other kinds of stone, was as seven to ten, or seventy per cent. Calculi composed of uric acid and urates had two distinct modes of formation, the crystalline and the molecular. In the formation of both of these kinds of calculi, the crystalloid was united with a certain amount of colloid material. As regarded the color of uric acid calculi, which was known to vary from a white or pale yellow fawn to a rich mahogany red or dark chestnut brown color, Dr. George Harley stated that it depended entirely upon the urohæmatine present in the urine; the calculus varying in depth of color according as the quantity of urohæmatine was small or great, just in the same way as crystals of sugar-candy owed their pink, yellow, or other tints to the pigment present in the water out of which they were crystallized. According to the author, nearly all uric acid calculi originated in the kidneys, and were washed down into the bladder with the urine. It was usually stated in books that uric acid gravel chiefly affected the well-fed and corpulent; but this, the writer stated, was a great error, as it equally occurred among the poorly nourished and emaciated. He concluded the remarks by stating that constitutional calculi occurred at every period of life, from the cradle to the grave. Moreover, he believed it quite possible that, in cases where there was a strong hereditary tendency to the uric acid diathesis (which could be often traced through three or four generations), calculi might begin to form in the pelvis of the kidney while the fœtus was yet *in utero*.

THE PREVENTIVE TREATMENT OF URIC ACID CALCULI.

By George Harley, M. D., F. R. S.

Dr. Harley limited himself to the consideration of the means of arresting the formation of uric acid calculi, and facilitating the discharge of those not already too large to be voided by the natural channel, which included all calculi not exceeding the size of field-beans. Tea, coffee, wines and beers were to be prohibited, or, at least, prescribed in very great moderation, to patients laboring under the uric acid diathesis. He next alluded to the recent proposal of Dr. Day, of Victoria, to give ozonic ether in such cases, and passed on to the consideration of the alkaline treatment. From the very earliest times, alkalines have been resorted to with the view of retaining uric acid in solution until its expulsion from the body; and what the ancients did empirically we moderns did scientifically by improved methods, and with much greater success. The alkalies now in most general use were soda, potash and lithia, in the form of carbonates, citrates and acetates. Ammonia, on the other hand, was avoided in the uric acid diathesis, on account of the salt which it formed being less soluble than any of the others. The common idea was, that the action of alkalies in the uric acid diathesis was solely and purely a chemical one. There, no doubt, existed a chemical action, and that a most important one; but, beyond this, there was an important physiological action produced in the body, through which the oxidation process was so much increased as to transform the little soluble uric acid into the very soluble urea. To Dr. Basham was owed the establishment of this as a clinical fact. In the treatment of the uric acid diathesis, more depended on the dose than on the kind of alkali given. As a general law, it is unnecessary to render the urine more than neutral, except in cases where we were attempting the dissolution of stones already formed; but, even then, there was danger in making the urine either too alkaline, or retaining it in an alkaline state for too great a length of time. Dr. Nunneley found that from ten to eighteen drachms of citrate of potash in twenty-four hours notably diminished the excretion of urea; and Dr. Basham found that half-drachm doses given three times a day augmented it to even double or treble its previous amount. Dr. W. Roberts, of Manchester, found that, while sixty grains of carbonate of potash to a pint of water daily dissolved twenty per cent. of a uric acid calculus, the solvent power of the solution gradually diminished as the solution was made weaker or stronger. Dr. George Harley called attention to the very great importance of the quantity and quality of the drinking water. Patients who had suffered from gravel or stone in one district, frequently got rid of it on removing to another; and this he had been able to trace to the difference in the quality of water. Hard water, especially that from chalky districts, caused stone; soft water cured it. He consequently recommended the free use of distilled water, not only as a menstruum for the medicine, but also for cooking purposes. Moreover, as the more pure water taken, *cæteris paribus*, the more effectual was the treatment, he gave his patients, when possible, from twenty to forty ounces of filtered rain or distilled water in the twenty-four hours; and, where they objected to its unpalatability, a squeeze of lemon or a pinch of salt was added to it. Hard water must, in all cases, be avoided. The only substantial benefit derived from mineral waters was, he believed, that the medicine was there given in a very dilute form. In mineral waters the relative proportions of their ingredients were not regulated according to the age, constitution, state of health, and other special requirements of the patient. As regarded the benefit of mineral waters in the uric acid diathesis, he pointed out that, contrary to some recent published opinions, it was due chiefly to the alkaline salts they contained. The writer concluded by saying that the chief obstacle to our success with chemical therapeutics in

the treatment of calculi lay in the imperfect knowledge of physiology and chemistry possessed by practical men, who almost invariably failed in their endeavors to combine science with empiricism.

ON A CASE OF LOCAL SOFTENING OF THE BRAIN FROM THROMBOSIS OF SYPHILITIC ARTERIES.

By J. Hughlings Jackson, M. D.

A gentleman, aged 38, in apparently good health, was first seen in July, 1867, for recent (July 14th) paralysis of the parts supplied by the left portio dura nerve, and for recent partial deafness of the left ear. There were also remains of paralysis of the right leg, which had begun in April. He rapidly got rid of all his nervous symptoms after taking iodide of potassium; but he did not continue the drug, because he believed all his ailments to be owing to ague poison. He had been in the West Indies, and still remained subject to slight shivering attacks. He had had primary syphilis fifteen years before. He remained well until March 2d, 1868, when he became hemiplegic of the left side. He would not take any drugs except aperients. Nevertheless, in about a week he was apparently well again; but on March 21st, he was found apoplectic and again hemiplegic, this time of the right side. He died next day. At the necropsy, there were found diffluent softening of part of the right corpus striatum, and also softening of the left corpus striatum. There was syphilitic disease of each middle cerebral artery. Thrombosis of each at the part diseased accounted for the two local softenings, and for the two attacks of hemiplegia related to them. The random succession of symptoms in this case was very characteristic of syphilis. Dr. Hughlings Jackson said that the case showed one of the several very indirect ways in which syphilis caused nervous symptoms. The hemiplegia in such a case was dependent directly on softening of the corpus striatum, produced by thrombosis of a syphilitic artery. The "syphilitic hemiplegia" here illustrated was but one of three kinds producible by syphilis. Again, the case showed that recovery would occur from hemiplegia, notwithstanding that the damage which caused that hemiplegia was not altogether repaired. Iodide of potassium was not likely to be useful in such a case of hemiplegia, though syphilitic; while it was useful in cases of recent palsies of cranial nerves. In treating the latter, we were treating recent syphilitic disease; whilst in treating the kind of syphilitic hemiplegia under remark, we were treating local cerebral softening.

THE ABSENCE OF PURGING IN CHOLERA.

By William Sedgwick, M. R. C. S.

The author directed attention to the fact that, in cases of cholera, purging was apt to cease when collapse became intense, owing to inability of the bowels to expel their contents. This cessation of purging was followed by abdominal distention from the accumulation of the rice-water flux; and the attempts to restore the action of the bowels by purgative drugs had signally failed. The assumed elimination, by means of purgatives, of an assumed poison in cholera, was undoubtedly based on a misapprehension of the pathology of a flux; and the practical conclusions to be drawn from the evidence adduced were that, in a fully established case of cholera, the cathartic method of treatment would tend (1) to deepen the collapse, (2) to increase the flux, and (3) to weaken the expelling power of the alimentary canal.

ON THE MODES OF CAUSATION OF EPILEPSY AND OTHER CONVULSIVE AFFECTIONS AT DIFFERENT PERIODS OF LIFE.

By H. Charlton Bastian, M. D., F. R. S.

The author used the word Epilepsy in the broader sense of the term, and also included the consideration of certain allied convulsive affections, commonly known under the name of Eclampsia. His views were founded principally upon notes of upwards of three hundred cases of these affections, which had come under his own care. After commenting upon the uncertain use and wide meaning of the words "cause" and "causation," as applied to particular diseases, the author pointed out that the "causation" of epilepsy and allied affections had to be considered under three main divisions. 1. The proximate cause of the fit, *i.e.*, the actual condition of the nervous system which is brought about in all cases, and upon the occurrence of which the fit immediately depends. This was the physiological aspect of the question, into which the author did not enter. He confined his remarks to the more purely medical aspects of the problem, included under the two remaining divisions. 2. Predisposing causes. 3. Exciting causes. The "predisposition" to attacks of this kind may be acquired during the life of the individual, or it may be born with him; that is, he may inherit a tendency of this kind from some of his ancestors. In this state there is an increased mobility of the nervous system, and a lack of control in the higher centres. After considering the modes in which such a predisposition may be acquired during the life of the individual, Dr. Bastian entered fully into the consideration of the different "exciting causes" of epilepsy and other convulsive affections, showing how these varied at different periods of life, and what was their relative importance at these different epochs.

THE THEORY OF COUNTER-IRRITATION.

By James Ross, M. D, Manchester.

Counter-irritation was defined as the application of an irritant to one part of the body in order to influence morbid action in its vicinity. The theory advanced was that (1) the influence of the counter-irritant is conveyed by continuous and contiguous tissue, and not through the blood-vessels and the nerves; and (2) the influence conveyed is always of a stimulant character. An en-

deavor was made to deduce the first position from the general theory of inflammation; and the author stated that the second assumption would account for all the effects which counter-irritants are known to produce in the treatment of various diseases. A stimulant action might aggravate the disease in the first stage of inflammation, and counter-irritants were known to produce this effect occasionally. At other times a stimulant action might in this stage assist the disease through its natural progress, by developing the second stage of inflammation. An instance of this effect occurred when the pain of pleurisy was relieved by a blister. In such a case the disease was not checked, but the effusion separated the pleuræ, and the pain was relieved. In the second stage of inflammation, and especially in chronic cases, a stimulant action was most likely to promote health, and it was in such cases that counter-irritants were most safely employed. A similar remark might be made with regard to cases of local debility, in the treatment of which counter-irritants were found useful. Quantitative differences were found to exist in the effects of counter-irritants according, first, to the proximity of the irritant to the seat of the primary disease, and, secondly, to the degree of the artificial irritation produced, and these differences were easily explicable on the supposition that the influence exerted by the counter-irritant upon the disease was of a stimulant nature.

ON TREATMENT IN CASES OF TAPEWORM AND THREADWORM.

By T. Spencer Cobbold, M. D., F. R. S.

In this paper the author insisted upon a more careful mode of dealing with cases of tapeworm than that which, from the evidences he adduced, appeared to be in vogue. He referred to recent successes obtained in his own practice, and considered that the number of rapid cures might be relatively increased by attention to certain rules of treatment. The first portion of the paper concluded by a reference to one remarkable case, in which the patient had played the part of host or bearer for a period of no less than sixteen years. In the second part of his communication, the author remarked on the difficulties attending the curative treatment of ascarides in adults. He explained the reasons why this was the case, and expressed the opinion that radical cures were much more frequent than was commonly supposed. He passed in review the various drugs employed in his own practice, but sought to show that ultimate success was chiefly dependent upon the observance of certain sanitary and prophylactic measures. He relied chiefly upon the exhibition of salines, steel, vegetable tonics, local ablutions, and cold water enemata, the latter often repeated.

DISEASES OF THE CHEST IN CHILDREN: THEIR TREATMENT BY BLISTERS.

By Daniel Maclean, M. D., Glasgow.

This paper advocated the use of, and necessity for, the application of small blisters behind the ear in cases of acute disease, or the acute stage of disease of the chest among children and infants. The author had used this treatment in many appropriate cases, and had found great benefit from its adoption. He founded it on the fact that the nervous system played an important part in all the diseases of the young. Any abnormal action going on in the brain modified the proper influence of that centre upon the tissues at a distance, and gave rise to pathological actions in distant parts. With regard to the lungs, an abnormal action, continuing in a certain part of the encephalon for a time, was conveyed along the efferent fibres of the vagus to their peripheral terminations in the lung-tissue, and stimulated the tissue to pathological action, thus giving rise to disease in the lungs, from a cause at a distance from the lungs themselves. Again, an excessive irritation of the peripheral terminations of the nerves in the lungs, as in bronchitis, pneumonia, etc., passed along the efferent fibres of the nerves to the brain, and by its continued irritation there became a cause of convulsions, hydrocephalus, etc. This mutual action of nerve-centre and lung-tissue through the afferent and efferent filaments of the pneumogastric nerves, the author held to be the principal cause of the great mortality from chest affections among children. This irritation accounted for the nervous symptoms frequently exhibited by children in these disorders. The greater the amount of nervous sensitiveness and irritation, the greater the danger. For the removal of this important element in chest-disease, the author recommended the use of blisters on or near the course of the nerves supplying the lungs; a convenient and advantageous spot being behind the ear. This treatment was explained, and the use of blisters generally defended.

CEREBRO-CARDIAC NEUROPATHY.

By M. Krishaber, M. D., Paris.

This communication was taken from a work which the author is about to publish on an undescribed nervous malady. The description was founded on an analysis of thirty-eight cases. The constant symptoms were described to be: 1. Disturbances of sensation, characterized by false perceptions and general and very intense hyperæsthesia. 2. Disturbances of locomotion, manifested in the abolition of equilibrium from vertigo, paralysis, or paresis. 3. Disturbances of the circulation, consisting in extreme irritability of the vascular system, palpitation, dyspnœa, syncope, and sometimes angina pectoris. 4. Secondary disturbances, varying in individual cases.

THE TREATMENT OF CERTAIN FORMS OF BRONCHOCELE BY INJECTIONS OF IODINE.

By Morell Mackenzie, M. D.

In a former paper the author had described in detail the various methods applicable to the several kinds of enlargement of the thyroid gland. In discussing the treatment

of fibrous bronchocele in the article referred to, he did not do justice to the method recently introduced by Professor Lücke, of Berne. A larger experience, made under more favorable conditions, had convinced him that the treatment of certain forms of bronchocele by the subcutaneous injection of iodine into the substance of the enlarged gland, was of the greatest value. The following was the plan of treatment, which, in accordance with Dr. Lücke's recommendation, the author had employed. Thirty drops of the officinal tincture of iodine were injected into the substance of the gland once a week for the first two or three weeks, and afterwards once a fortnight, as long as was necessary. It was well to give iodide of potassium internally, at the same time; but no medicine was given to any of the patients whose cases were now related. The advantages of the treatment were, that it did not cause any constitutional disturbance or local irritation (suppuration). In this respect it was preferable to treatment by setons and caustic darts. The only disadvantage of the method was its slowness; this, however, could scarcely be considered a drawback, except when the enlarged gland caused urgent dyspnœa. The cases which were briefly related had been taken indiscriminately as they presented themselves, or were found in the case-book of the Throat Hospital on July 24th. Of the sixteen cases, fourteen were fibrous, and two adenoid, or soft. Fourteen patients were females and two males. Eleven were completely cured, in four a considerable reduction resulted, and one case completely resisted treatment. In one case the neck was reduced by 3¾ inches in less than six months; in two cases a reduction of 2½ inches took place. The duration of treatment varied from one to eight months, the average being four months. The author concluded by remarking that the treatment of cystic cases by injections of iron, as previously recommended by him, was, of course, much more rapid, and therefore more striking; but the fibrous cases were undoubtedly the most difficult to treat of those varieties met with in practice.

SOME REMARKS ON ONYCHIA MALIGNA.

By William MacCormac, F. R. C. S.

Onychia maligna is a rather common disease in Belfast, where Mr. MacCormac formerly practiced; it affects principally the girls employed in the flax-spinning mills. During the ten years from June, 1863, to June, 1873, there were 217 cases of this malady among the patients of the Belfast General Hospital, being 2.2 per cent. of the total surgical out-patient cases; 115 occurred in girls between the ages of ten and fifteen, and 63 between the ages of fifteen and twenty. One hundred and eighty-four were mill-workers. In his experience, Mr. MacCormac had found local applications and evulsion productive of only temporary benefit. The only efficient treatment was the complete excision of the secreting stratum at the root of the nail; a severe operation, and one which required local or general anæsthesia. Lately, the author had read a monograph by Dr. Vanzetti, of Padua, advocating the plan, proposed originally by Dr. Moerloose, of Ghent, of applying powdered nitrate of lead to the ulcerated surface. Dr. MacCormac had had no opportunity of testing this remedy among the patients of St. Thomas' Hospital; but, at his instance, it had been used by Dr. Scott in fifteen cases in the Belfast Hospital, with most satisfactory results. According to Dr. Scott, from fourteen days to a month were sufficient for a complete cure. All pain ceased from one to three days after the first application; and the swollen irritable margin of the ulcer gradually disappeared, leaving a healthy granulating sore.

ON WARTS.

By S. M Bradley, F.R.C.S., Manchester.

In this paper the attempt was made to establish the essential oneness in origin of all morbid growths characterized by the abnormal development of epithelial elements, such, *e. g.*, as scirrhus, epithelium, epulis, and common warts. The author stated that the simplest of these tumors may evolve the more complex by the agency of external forces, such as irritation, pressure, etc., (the influence of heredity is probably always great in determining the exact nature of the morbid product); and that the power and rate of infiltration and invasion of the general system is due to simple laws, such as the size and shape of the cell, their degree of moisture, and the nature of the surrounding tissues. He maintained that, as electricity, by coagulating the albumen of a part, establishes a barrier to the onward march of the cell-elements, it should, therefore, be employed in all cases of infiltrating tumors when it is decided to eradicate the growth.

AMPUTATION AT THE WRIST JOINT.

By Richard Barwell, F.R.C.S.

Mr. Barwell divided his subject into three heads: I. The diseases likely to call for this operation; II. His method of its performance; III. The advantages of this method. Amputation at the wrist joint was most likely to be called for after severe suppuration of tendinous sheaths, ending in fungoid proliferation of cells, invading and destroying the tendons and, in great measure, the carpal bones. Mr. Barwell described his method of operation. An incision is carried from the outer point of the scaphoid bone, downwards, across the ball of the thumb to the fold of skin formed in the palm by flexing the fingers. In this fold a transverse incision is made to the outer side of the fifth metacarpal bone; from the end of this a third incision is brought along the outer margin of the bone to the pisiform. At the back of the wrist, on a level with the joint between the two rows of carpal bones, a transverse cut connects the two perpendicular ones. These two flaps—a short posterior and a long anterior—are dissected up, the

knife being carefully kept close to the palmar fascia and muscles of the thumb and little finger, so as to spare the vessels. When the flaps are turned back on the forearm, the surgeon feels for the pisiform bone, and, placing his edge immediately above it, severs the hand from the forearm; then, removing the soft parts for a short distance on the outer side of the styloid process, the operator, with a pair of bone-forceps, cuts off as much of this as may render the end of the bony stump plain and level. The ulnar, radial, and interosseous arteries being secured, the dressing of the stump is effected simply by turning the anterior flap back, sewing its end to that of the anterior, and the edges together. The author stated that the following were the advantages of this mode of operating: I. The flaps fit accurately; II. The chief flap is formed of dense tissue accustomed to pressure; III. There are no ends of obliquely cut tendon or nerve on the stump; all these parts are cut off higher and straight; IV. The stump is square and level; V. The operation is easier and quicker, there being no possible hitch in the separation of the wrist from the arm.

FALLACIES AND FAILURES IN ANTISEPTIC SURGERY.

By E. Lund, F.R.C.S., Manchester.

The author described certain fallacies, or erroneous notions, which seemed to be ascertained in reference to the antiseptic treatment of wounds. He arranged these in six classes, having reference 1 to the mode of action and exact influence exerted by carbolic acid; 2. the presence or absence of suppuration; 3. the use of pus as a solvent for indurated tissues; 4. the effects of the entrance of air; 5. the contagion of septic matters; 6. the necessity for absolute cleanliness in the management of wounds. The sources of error or failure in this mode of dressing, especially after operations, were also considered under six heads: 1. Imperfect preparations before the operation, so as to free the parts implicated and the instruments employed from septic matters; 2. Inefficient assistance during the operation, with the same object; 3. Imperfect adjustment of the dressings after the operation, so as to filter and disinfect the air which must gain access to the wound; 4. Delay in the removal and replacement of the dressings; 5. Carelessness in the particular method of doing this; and 6. Erroneous notions as to the possible approach of serious symptoms in the progress of any case which would yield to a steady perseverance in the plan, but which often led to its entire abandonment at the most critical stage of treatment. All these points were brought forward as deductions from direct personal observations by the author himself, in his daily practice of the antiseptic system.

A CASE OF TRAUMATIC PNEUMOTHORAX, ILLUSTRATING THE USE OF THE ASPIRATOR.

By Herbert Page, M. D., Carlisle.

The history of a case was detailed, in which, owing to wound of the lung from indriving of a fractured rib, there was pneumothorax, with total collapse of the right lung. The case was, from the first, an urgent one; the dyspnœa and collapse being both extreme. The chest was punctured four hours after the accident by Dieulafoy's cannula; and, on exhausting air from the pleural cavity by means of the pneumatic aspirator, immediate improvement in the condition of the patient followed. At the time of the operation, blood was drawn into the receiver; and examination of the chest on the day after the injury revealed dullness on percussion at the base on the right side. This was due to the presence of blood; and the aspirator was subsequently used three times for the removal of this blood, and the further withdrawal of air from the cavity of the pleura. The patient made a good recovery, and the lung was restored to its normal state. In the remarks on this case, the writer, while admitting the advantages of Dieulafoy's cannula as an instrument for puncturing the chest, called attention to the possible source of danger from hemorrhage into cavities exhausted of their contents by the aspirator.

SYPHILITIC IRITIS.

By C. R. Drysdale, M.D.

The author believed that syphilitic iritis rarely occured in adults before the fifth or sixth month after the inoculation of the poison. It was met with in about 4 or 5 per cent. of all cases of syphilitic infection. Having described the affection, he spoke of the prognosis, regarding which, he said, the practitioner should be cautious. In young adults, with very careful treatment, the prognosis was usually favorable. In double iritis, of course, it was less good; but even here, in adults under fifty, the prognostic was excellent if atropia were carefully used. In the treatment, he regarded atropia as the sheet-anchor; all other medicines, even iodide of potassium, being of very secondary importance. Atropia allayed the local sensitiveness, gave rest to the ciliary muscles, and prevented closure of the pupil. Sometimes one drop per diem was sufficient; in other cases, the application required to be made four or five times daily, according to the obstinacy with which the pupil contracted. Iodide of potassium was useful, if given in doses of ten, fifteen, or even twenty grains, daily.

ON DISLOCATIONS OF THE CLAVICLE AND HUMERUS.

By William Brown, Esq., Callington.

In 1846 Mr. Brown reported a case of dislocation of the clavicle at its sternal end; and since that time he had had three other cases under his care. In all, the dislocation was forwards. He had met with only one distinct case of dislocation at the acromial end. In the treatment of the sternal dislocation, he generally applied a long strip of emplastrum roborans obliquely from below upwards over the injury and over the top of

the shoulder; after this, a wedge-shaped pad was placed in the axilla, a figure-of-8 bandage applied, and the elbow confined firmly to the side. He used the same treatment in his case of acromial dislocation, and also in fracture of the clavicle. In the reduction of dislocation at the shoulder-joint, of which Mr. Brown had had many cases, he employed a method which he considered to be, in a great measure, new; it was always successful, and did not require the aid of chloroform. The patient being placed with his sound side resting firmly against the back of a strong chair, and held there by a jack-towel, steady extension was made downwards and outwards by means of another towel fixed above the elbow. During the extension, the head of the bone is guided into its place by the surgeon's hands. Mr. Brown had found injuries of the elbow very frequent, especially in boys; while fractures of the shaft or of the upper third of the humerus were rather rare. The injuries of most frequent occurrence were dislocation, simple or complicated with fracture, of the ulna backwards. Mr. Brown also related the case of a boy, in whom the lower epiphysis of the humerus had become separated from the shaft, which projected through the integument. The projecting portion of bone was sawn off; and, after some threatening symptoms, the boy recovered with a useful limb.

ON PECULIAR MODES OF TRANSMISSION OF SYPHILIS IN MARRIED LIFE.

By Victor de Meric, F.R.C.S.

The author passed first in review the modes in which a wife may be contaminated by her husband, and *vice versa*; paying particular attention to those cases where no outward signs of syphilitic taint are apparent. He alluded, then, to the share of gestation in the mechanism of the contamination of the wife, observing that impregnation is not the only mode in which she may become affected with the complaint. Numerous facts had put beyond doubt the modes of transmission just alluded to; but he had met with cases where contamination had been effected in an exceptional manner. The author then related some of his exceptional cases. The first had reference to a gentleman who had been under his care several years before his marriage, and had passed through the usual periods of syphilis. He married eighteen months after the last symptoms, and a series of healthy children were born. That father suffered now and then from inpetigo, and had once very severe osteitis; but neither the wife nor children experienced any contamination. About ten years after marriage, the husband was indiscreet, and caught a chancre which subsequently became phagedenic. Considering the lesion, at first, as a mere abrasion, he took no precautions, and the result, unfortunately, was the breaking out of a fearful set of symptoms of syphilis in the wife. The author now asked whether this case did not prove that the secretion of a soft chancre, seated in a syphilitic individual, might convey the general disease; and added a few remarks as to the effects of pathological secretions from a person suffering, or having suffered, from syphilis. The second case was illustrative of the great difference between occasional intimacy and the actual bonds of marriage. In this case the disease was conveyed from wife to husband, though no such accident occurred through several years of former intimacy. The third case related to a married gentleman, who caught a chancre which eventually proved indurated. The lesion was, however, so insignificant at first that no heed was taken. The wife was far advanced in pregnancy at the time, and the consequence was that fœtus and mother were contaminated. These facts would go far to prove how infectious was the chancrous erosion in its nascent state. The fourth case was of a remarkable kind, as the gentleman suffered from systemic syphilis without having ever presented a primary sore. Here the wife escaped at first, but eventually had the disease through her infected child. Mr. De Meric alluded subsequently to a few other cases, in which mothers and numerous children remained healthy, though the husbands suffered from syphilis before and after marriage.

THE ANTICIPATION OF POST PARTUM HEMORRHAGE.

By Ewing Whittle, M.D., Liverpool.

The author long ago observed that post partum hemorrhage was preceded by sharp and strong pains of short duration, with the intervals between the pains relatively very long. To prevent hemorrhage from taking place, the character of the pains must be altered, so as to make them longer and the intervals shorter. This was accomplished by giving a full dose of ergot as soon as the os uteri was fully dilated, if the soft parts were sufficiently lax and dilatable. Dr. Whittle generally gave the equivalent of two drachms of the liquid extract of the Pharmacopœia. If this did not act on the pains, he repeated it in an hour, but this he seldom found necessary. Great care was necessary in primiparæ, as the ergot sometimes acted with great energy; as a rule, it was better not to administer it in these cases until the head began to rest on the perinæum, and the soft parts were well dilated; the dose also should be smaller, not more than thirty-five or forty minims, which could be repeated if necessary. The probable rationale of the phenomena was this. The uterus was contracting sharply, then relaxing suddenly and fully; the same habit continued after delivery, and the short-lived contraction was followed by complete relaxation and copious gushes of blood; but if the character of the pains became altered before delivery was completed, then the uterus maintained a firm contraction, and the patient was quite safe.

TEDIOUS LABOR FROM DEBILITY, AND ITS TREATMENT.

By Hugh Miller, M D., Glasgow.

The remarks in this paper had reference solely to cases in which delay was due to enfeeblement or failure of the natural powers of the organs specially called into action during parturition. The writer held that the element of time should not be considered in the classification of labors, that it was unscientific to do so, and that uncomplicated labors should only be assumed to be unnatural when the pains were no longer active, and the labor non-progressive. After considering the powers of expulsion in a healthy woman, the author referred to the forces at work which prevented a high standard of health from being maintained in city life, and said that, in proportion as it was wanting, labor was prolonged in many cases. Labor in cities was thus frequently tedious from constitutional debility, so that, even while it might be regular and its progress certain for a time, the pains either lingered or became arrested through exhaustion taking place before the labor was completed. When symptoms of acute fatigue set in, the pains were short and sharp, and they recurred more frequently. The general indications for treatment were to support the strength before labor set in, and during the first stage, and, as soon as the pains indicated debility, to deliver with the forceps. The timely application of the forceps was preferred to ergot, because it seemed more reasonable to assist a weakened organ by giving help from without, than by applying a stimulant to an already overworked one. This practice, instead of inducing flooding, helped to prevent it, through preserving the power of the uterus from becoming exhausted; it also prevented inflammatory diseases of the passages, and the death of the fœtus. In his private practice, he found one case in every twenty-six labors show symptoms of debility; and, since he had adopted the early application of the forceps, not one of the children so delivered was still-born.

ON THE DIAGNOSIS OF EARLY PREGNANCY.

By Adolph Rasch, M. D.

The object of the paper was to draw attention to an important symptom of pregnancy of the first three months, of which until now no notice has been taken by French, English, and German authors. After briefly reviewing the early symptoms as taught in handbooks, including the symptom on which Dr. Barnes laid stress before the Association, Dr. Rasch said that no opinion should be expressed in any case unless the uterus had been made out beyond doubt by the bimanual examination. The vaginal examination should always be made by *two* fingers, unless circumstances forbade it, as by so doing results much more accurate could be obtained. An enlargement found, the distinction had to be made between enlargement by hypertrophy, or by tumors, and enlargement by pregnancy. To solve this difficulty, the author has continued his investigation in a very large number of cases of which he kept notes for nearly ten years, and enlarged experience has fully borne out what had helped him in making a few times a right diagnosis where better men had failed. This important symptom was fluctuation. That it must be felt very early seemed to him, *a priori*, certain. For why should half an ounce or more of liquor amnii, enclosed under conditions very favorable for this purpose, not be felt fluctuating equally well as a few drops of pus in a panaritium? The notes of several hundred cases satisfactorily answer this question. Fluctuation could be felt in some cases as early as the seventh week of pregnancy; in most cases after the second month. With every following year the author had less difficulty in detecting this very important symptom. By adding to it the areolar signs of the mammæ, we should be able in many cases to make an almost certain diagnosis. The author here mentioned another valuable symptom in early pregnancy which often directed attention to pregnancy—viz., the increased desire to pass urine, especially at night. It certainly ought to put the practitioner on his guard, and make him eschew the use of that valuable instrument for confirming a diagnosis already made—the uterine sound—which, in fact, should never be used by those that could not dispense with it in making a diagnosis. The objection to fluctuation as a symptom of pregnancy might be that it could not be felt, or if felt, might be due to retention of other fluid than liqor amnii. Considering the great rarity of retained menses or other discharges, the mistakes would be rare, even if other symptoms did not help us to make a distinction. But it would certainly be safer practice for a short time to suspect pregnancy where it did not exist, than to do the reverse. To meet the other objection, that fluctuation could not be felt so early, Dr. Rasch urged his hearers to try patiently, and assiduity would be rewarded. The best way to feel it was to introduce two fingers into the vagina, while the other hand steadied the womb through the abdominal walls, and alternately to manipulate the uterus with the two fingers. In some part of the uterus the fluctuation would be found often in one corner of the fundus, sometimes lower down. In most cases of early pregnancy the author found the uterus anteverted, and then the manipulation was easier done than when the womb was retroverted. The fluctuation was in the beginning mostly only felt by the fingers in the vagina, sometimes, too, by the outer hand at the same time. After three months, it would be mostly felt by outward manipulation alone, but we should never trust to that only. The catheter should always be introduced when accurate results were desired.

ON THE PREVENTION OF UTERINE INFLAMMATION.

By Edward J. Tilt, M. D.

The author gave it as an admitted fact, that the most frequent cause of uterine inflammation was to be found in parturition and in abortion; and his own experience led him to believe that a tedious labor and a bad miscarriage could hardly occur without entailing more or less of uterine inflammation; frequently overlooked in its onset by the medical attendant, metritis, in one form or another, being the almost inevitable sequel of such cases, although many years might elapse before the disease was recognized. The author proceeded to answer the following questions: 1. What are the symptoms of a bad getting up. 2. What are the organic lesions of a bad getting up that lead to uterine inflammation? 3. How to prevent a natural function from becoming a frequent cause of metritis? 1. After tracing the symptoms of a bad getting up, the author deprecated the little attention paid to the persistence of a red or muco-purulent vaginal discharge for a month or more after parturition. He wished such cases to be carefully inquired into, instead of being treated in a hap-hazard fashion by tonics and change of air. 2. Although a natural function, parturition had too often untoward results, such as defective uterine involution, placental ulcertion of the womb, contusion and laceration of the cervix. Laceration of the cervix was represented as very common, particularly after tedious and instrumental labors. The healing by first intention of these lacerations was given as the rule when they were not extensive, and when women were healthy; but if, on the contrary, these lacerations were extensive, they did not heal in sickly women, and had originated some of the worst cases of uterine inflammation that the author had seen. Under similar unfavorable circumstances of health, the bruising of the cervix by a tedious labor was represented as beyond the power of the womb to repair, unless by the repair of ulceration thus produced. Ulceration of that part of the womb to which the placenta had been attached was considered a rare disease, sometimes following the forcible tearing away of the placenta from the womb, and originating one form of internal metritis characterized by frequent flooding. The most important and most frequent cause of uterine inflammation, and of other diseases of the womb, was said to be defective uterine involution. To an exaggerated belief in the safety of a natural function was ascribed the fact that medical men too often neglected to ascertain accurately what were the organic lesions that impeded a patient's recovery after paturition; so that, as a rule, defective involution was only recognized when time had confirmed and made it more difficult to cure. 3. The measures calculated to prevent parturition being a frequent source of metritis, were represented to be the logical deduction of the right appreciation of the damage done to the womb by parturition; and it was strongly urged that when, at the end of four or five weeks after parturition, notwithstanding fair nursing, food, wine, and tonics, women still continued weak, with persistent back-pain and muco-purulent or red vaginal discharges, instead of blindly trusting to nature, it would be wiser to ascertain, by an accurate examination, whether the inability to recover health did not depend on one of those organic lesions that could not be cured without the calling in of surgery in aid of nature. The same line of conduct was advised when women were recovering from parturition who had previously suffered from uterine disease, on account of its liability to relapse. The unusual severity of uterine inflammation that originated in abortion was said to depend on the absence of definite rules of conduct to be observed by women after miscarriage, and on the little care they then took of themselves; whereas Dr. Tilt wished the profession could persuade the public that a month of convalescence was not too much to exact after a moderately bad miscarriage; and that if, at the end of that time, a patient did not recover strength, could not walk, had pelvic pains and a red or muco-purulent vaginal discharge, the cause of these symptoms should be carefully investigated. The author stated the difficulty of curing defective uterine involution to be in direct proportion to the time it had already lasted; and he therefore urged its speedy recognition. He recommended leeching the cervix if there were signs of active congestion of the womb, the internal administration of ergot and of iodide of potassium, the painting of the lower part of the abdomen with oleate of mercury, and vaginal injections. It was also admitted that pregnancy had sometimes cured the mischief done by a previous one. Dr. Tilt concluded by emphatically asserting that, by a judicious management of lying-in women, and of those recovering from abortion, uterine irritation and congestion would be reduced, and lacerations healed; and that uterine inflammation would be checked in its origin, and, at all events, its acuteness and duration would be greatly diminished.

TREATMENT OF THE FLEXIONS OF THE UTERUS.

By Thomas Savage, M. D., Birmingham.

The cases were taken from the out-patients seen by Dr. Savage at the Hospital for Women, and were limited to flexions of the nulliparous uterus. The object of the paper was to advocate the use of an intra-uterine stem. In all cases where recourse was had to this plan the symptoms were improved, and great relief was given without any of the dangerous or serious after-effects which are sometimes said to arise. Even in the case of the unmarried, the symptoms were so severe, the relief from the instrument so marked, that Dr. Savage did not think it right to withhold from such patients the benefit of the treatment advocated. Dr. Savage had used intrauterine stems for

retroflexions and anteflexions in forty-four women who had never been impregnated, and in not one had any ill effect followed. The discharge, slight as a rule, even when profuse, had not been found troublesome, and could be kept in check by the frequent use of ordinary astringent injections. It had always seemed to disappear on the use of the instrument being discontinued.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Report on the progress of Obstetrics and of Gynæcology, read before the Medical Society of Pennsylvania, at its Twenty-fourth Session, by Dr. William Goodell, of this city, is characterized by the thoroughness of study and facility of presentation which mark all that gentleman's productions. It embraces not merely an enumeration and a careful estimation of the products of the previous year in these branches, but a very complete bibliography, extending over the American, English and French journals and other publications. Having been published in separate form, it can be obtained by all, and will be found a most valuable resumé.

——Dr. S. S. Satchwell, of North Carolina, delivered last March the annual address before the Alumni Association of the University of the City of New York in the Medical Department. It is a well-worded oration.

BOOK NOTICES.

An Introduction to Practical Chemistry; including Analysis. By John E. Bowman, F. C. S. Edited by Charles L. Bloxam, F. C. S. Sixth American, from the Sixth and Revised English Edition. Philadelphia, Henry C. Lea, 1873. 1 vol. Cloth, 8vo, pp. 339. Price $2.25.

This popular manual of chemistry appears with a number of important additions, and with all its details carefully revised. The French as well as the English standards of weights and measures have been added in the article on Quantitative Analysis, and some enlargement made in the section on Qualitative Analysis. As an introduction to more elaborate treatises, this work has long had a standard reputation for its simplicity and accuracy, and nothing has been spared to render the present edition adequate to the wants of students and those who do not desire more than a comprehensive and succinct preliminary treatise.

A Treatise on the Pneumatic Aspiration of Morbid Fluids. A Medico-Chirurgical Method of Diagnosis and Treatment of Cysts and Abscesses of the Liver, Strangulated Hernia, Retention of Urine, Pericarditis, Pleurisy, Hydrarthrosis, etc. By Dr. Georges Dieulafoy. Philadelphia, J. B. Lippincott & Co. 1 vol. 8vo, pp. 392.

We took pains a few weeks ago to make our readers acquainted with the appearance and uses of the pneumatic aspirator, and we are glad now to recommend them to the work of Dr. Dieulafoy himself. It is well printed and illustrated, and sets forth in abundant detail everything necessary to be known in order to use the instrument.

The author divides his subject into five parts. The first treats of pneumatic aspiration in general, considered as a means of diagnosis and of treatment, as well as the physics of the method. In the second part aspirations in the organs is discussed, as in diseases of the liver, the bladder, the stomach, the ovaries, in hydrocephalus, spina bifida, hernia, and intestinal occlusion, in all of which Dr. Dieulafoy maintains the Aspirator can be used with great benefit. The next part, on aspiration of the serous cavities, shows the employment of the apparatus in effusions in the pericardium and pleura, in hydrarthrosis of the knee, in serous bursæ, in hydrocele of the tunica vaginalis testis, and in ascites. The fourth part is occupied with the treatment of effusions into the cellular tissue by aspiration, in which cases of its use are given in chronic, acute and metastatic abscesses, in sanguineous effusions, in adenitis and suppurating buboes. The last part contains a description of the instrument in detail and a historical notice of its introduction.

This will give a glimpse both of the nature of the work and the scope of employment of the Aspirator itself. It is an invention still on its trial. Possibly too much is claimed for it. But there is strong enough *prima facie* evidence in its favor to recommend its introduction.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 18, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE SHREVEPORT EPIDEMIC.

The past summer has been marked by the presence in this country of two epidemics, limited in range, but most malignant in type; making up, as a logician might say, in *intension* what they lacked in *extension*.

The fever at Shreveport was at first pronounced "malarial," and the physicians at New Orleans very unwillingly came to the conclusion that it undoubtedly was yellow fever. The problem of its appearance in an inland town, while the seaports remained wholly or comparatively free, has been debated with ardor in the columns of the *New Orleans Picayune*; and the opportunity to study anew the question of quarantine has not been suffered to pass unimproved. Dr. RICHARDSON maintained the imported character of the fever, while another able medical writer in the editorial columns combatted his views. The latter remarks:—

"Notwithstanding our present rigid quarantine we have had enough of what some of the learned physicians are pleased to call "yellow fever fomites" to start a very considerable epidemic. We have had, however, but an insignificant number of sporadic cases, because the "conditions" were not present by which epidemics are fostered. Why it has appeared far in the interior, at Shreveport and Memphis, while the more exposed places, such as Baton Rouge, Natchez and Vicksburg, have escaped, is a matter which no quarantinist can explain.

Dr. Richardson, ignoring the deadly logic of malarial conditions which existed in such phenomenal abundance in the neighborhood of Shreveport, refers the fever there to the presence of "an itinerant circus company, recently arrived from an infected district of Mexico." This is the veriest coinage of a dreamer, anxious to bolster up an unfounded theory. There have been no infected districts in any portion of the valley of the Rio Grande. If there had been, and the circus company had been liable to attacks of fever, they would have had it before they crossed into the United States. Circus companies travel slowly, and the distance from the Rio Grande to Shreveport is many hundreds of miles."

The fever has not spared old residents nor negroes; in the list of interments for September 23d, before us, there are three negroes, and the ages of the victims range from three to 54 years. Nor does cooler weather appear to diminish the virulence of the poison. In a report from Memphis, dated September 19th, when there was a marked lowering of temperature, and frost occurred in various parts of the State, the despatch reads:—

"The cool weather of last night has increased the mortality, which numbers twenty-four, sixteen being from yellow fever."

Fewer new cases, however, were reported. A writer, evidently a physician, in the *Mobile Register* of September 18th, seems inclined to consider the epidemic at Shreveport as "hemorrhagic malarial fever," differing in name only from yellow fever, and traces it to a purely local cause. He remarks:—

"The present plague which desolates Shreveport is the result of the decay of animal and vegetable matter laid bare to the hot sun of summer, and is traceable to the imprudent attempt to remove the obstruction known as the "Red River Raft," many miles below the unfortunate city. To this we can bear the further testimony, that the plague which in 1853 spread its ravages through nearly our whole Gulf and South

Atlantic shore, was likewise caused by the extended excavations undertaken in the spring of that year in the construction of the New Orleans, Opelousas and Great Western Railroad; that as the work progressed up the Mississippi to Lafourche, and from Lafourche to Attakapas, the plague followed the digger's spade, and reached regions which had at no time before ever been cursed with its presence.

"That same year work of the same kind was also being carried on on the left bank of the Mississippi by the N. O., Jackson and Great Northern Railroad Company, and there also, for the first time, the plague penetrated through the formerly healthy regions which extend their pine forests along the lake shore to Mississippi and Alabama."

On the other hand a late paper tells us that a committee of physicians appointed to investigate the origin of the epidemic are said to have collected evidence showing that the fever was imported from Cuba.

However this may be, there can be no question but that the disease by some means rapidly extended itself where such local causes did not exist. Numerous cases occurred in Memphis, quite a number in Montgomery, Ala., and others in New Orleans, Galveston, Mobile, etc. Fortunately, in none of these cities has anything like the dreadful results followed which are reported from Shreveport. One of the late despatches from that afflicted city says:—

"Funerals no longer take place; but 'hearses, followed by one or two carriages, dash through the streets like a section of artillery in battle seeking a position. Then a few more hearses are driven up and the coffins are shoved into the hearses and driven rapidly to the cemetery.' The Howard Association have opened an orphan asylum, and are 'feeding two-thirds of the resident population.'"

We hope the whole history of this remarkable epidemic will receive an exhaustive and a dispassionate investigation at the hands of some of our Southern medical men who can speak of it from personal and direct knowledge.

One of our correspondents, Dr. W. W. Dunn, of Clinton, La., writes us, in a letter dated September 22d:—

"Our little town is quarantined against New Orleans, Shreveport, and all other river towns, on account of a supposed epidemic of yellow fever. We generally look for it about this time of the year. In 1867, the first case we had was September 26th, and the last, 24th December following. I am inclined to believe frost has but little or no tendency to check it. The virus, when introduced, will remain as long as it finds food to subsist on."

We should like to receive further notes from that section.

Notes and Comments.

Therapeutical Notes.

We continue our selections from therapeutical hints picked up in various exchanges:

DIPHTHERIA.

Dr. Ed. L. Duer, of Philadelphia, strongly recommends the treatment of diphtheria by calomel and soda—$\frac{1}{8}$ to $\frac{1}{4}$ grain of the former, and 5 to 10 grains of the latter, in combination, according to age, every 2 hours, with brandy and nutritious food, as required. No local application necessary. His results have been uniformly favorable. His article appears in the *Obstetrical Journal* for July.

TETANUS.

Dr. Moffat, of Australia, reports the case of a seaman, in whom, from an injury to his hand, tetanus set in, in its worst form. He was given four ounces of brandy at a dose, and half the quantity whenever he showed signs of consciousness, being thus kept "dead drunk" for four days. The tetanic symptoms passed off, and in three weeks he was well.

UTERINE HEMORRHAGE.

Dr. Wenrick, in Virchow's *Archiv*, has an article on ergotin. He adds some therapeutical observations, made chiefly in treating cases of uterine hemorrhage with ergot. The following are his conclusions:—(1) The subcutaneous injection of ergot, especially in anæmic persons, stops uterine hemorrhage pretty quickly and permanently without any considerable unpleasant results; (2) The fact that a considerable portion of the fluid extract remains unabsorbed after subcutaneous injection renders the agent less

trustworthy and the dose more difficult to regulate.

OIL IN SURGERY.

The good Samaritan dressed the wound with oil. So Dr. MORTON, of Glasgow, at a meeting of the Medico-Chirurgical Society of that city, said he had, some few years ago, made a comparative trial of several modes of surgical treatment, including the so-called antiseptic system. He had tried irrigation, carbolic acid putty, putty without carbolic acid, carbolic acid with oil, oil without carbolic acid, and a number of other medicaments. The result of this comparative trial —the only one, by the way, which he had yet heard of having been made—was to point, not to carbolic acid, but to oil, as being the most successful surgical application.

AGUE-CAKE.

Dr. MOSLER, in Virchow's *Archiv*, expresses the opinion that cold applied to the abdomen causes contraction of the spleen. In both recent and old cases of intermittent fever, he would combine cold water, in the form of baths, the cold douche, or the ice bladder, with the simultaneous use of quinine, and this combination is better than either separately. In chronic enlargements of the spleen (such as exist in leuchæmia and pseudo-leuchæmia) a similar treatment is also followed by good results.

ANTI-SYPHILITIC COMPOUND.

Mr. E. B. SHUTTLEWORTH mentions in the *Druggists' Circular* what may prove a valuable compound in syphilis. He says:—

If to a solution of bromide of potassium be added an equivalent proportion of bichloride of mercury, in powder, the latter salt dissolves quite readily, and a solution is formed which, when evaporated, affords needle-shaped crystals, consisting, apparently, of a definite compound of the two salts; or it may be that an interchange of elements takes place, and that the new salt is composed of bromide of mercury and chloride of potassium. The solution deposits crystals of the same form even when evaporated to the last drop. These crystals are permanent in the air, and when just removed from the mother liquor are transparent, but, on drying, become white, with a nacreous appearance. The salt dissolves readily in water. It gives, with iodide of potassium, a scarlet precipitate of biniodide of mercury.

THE ADMINISTRATION OF PHOSPHORUS.

A writer in the *Medical Archives* says:—A good pill, it is said, may be made by dissolving one grain of phosphorus in half a drachm of chloroform, and rubbing it up in a mortar with two scruples of powdered liquorice, and when the chloroform is evaporated adding half a drachm of castile soap, and making into twenty-four pills, or as may be desired.

A very pleasant preparation of phosphorus in the liquid form is: "Dissolve a grain of phosphorus in six drachms of chloroform, and add two ounces of good glycerine, and shake well. The glycerine forms a permanent union with chloroform, which dilution with water does not separate. Dose, a teaspoonful three times a day.

The Pharmacy of Ergot.

At the recent meeting of the American Pharmaceutical Association ergot and its preparations was the subject of a volunteer paper by Dr. E. R. Squibb. In this the writer reviewed first the character of the ergot now found in market, stating that it was largely composed of other ergotized substances, such as grasses, barley, wheat, etc. He alluded to the fluid extract of the present U. S. P. as being a very great mistake, as it would not produce such a reliable preparation as that made by the U. S. P. of 1860. Dr. Squibb spoke of its recent administration hypodermically, and stated that he has prepared for that purpose a Solid Extract of such strength that one grain represents six minims of Fluid Extract, and that it has met with great success.

Contaminated Milk.

Apropos of the outbreak of typhoid fever in London from milk, Dr. BENJAMIN LEE, of this city, has addressed a letter to the Board of Health relative to a possible cause of contamination of milk in railway cars, which is worthy of consideration, as are all similar suggestions for the protection of the public health. His theory is that milk in transit by railway, in churns, leaks out, or slops over upon the wooden floors of the cars; that the wood thus soaked by milk throws out putrid or unwholesome exhalations and germs of disease into the air of the car, and that such air finds its way to the milk in the churns, and, contaminating that, makes it possible thus to sow the seeds of fevers of a typhoid type.

News and Miscellany.

The International Medical Congress at Vienna.

The third meeting of this body was opened on September 1st, at Vienna, by Archduke Rainer. The questions discussed were Vaccination, Prostitution, Cholera and Quarantine, and Sewage.

On vaccination the following abstract embraces the principal results:—

Dr. Kaposi read the report and the questions of detail connected with it, the most important of which was, Shall there be vaccination or not? The speaker pleaded *for* vaccination, and wished to see it introduced by law. The proportion of mortality was undoubtedly greatly in favor of the vaccinated. According to experience the proportion with vaccinated persons was between 0 per cent.—11.5 per cent., *i. e.*, in the average four per cent.; with persons not vaccinated between 14.5 per cent.—60.6 per cent.; therefore, in the average thirty per cent. The next question, important also for the public in general, was in what time of the year the vaccination should take place? The answer was given that the season of the year had no influence on vaccination; at the same time the speaker modified his idea that children ought to be vaccinated as early as possible; a child, only four or five days old, could be vaccinated without the least danger.

Dr. Neumann brought out some interesting statistical notes in favor of vaccination. In small-pox epidemics mortality is notoriously five times greater with those who have not been vaccinated than with those who have been vaccinated. During the last epidemic in Berlin forty per cent. of the non-vaccinated, two of the vaccinated, and five tenths per cent. of the revaccinated died. [Applause].

Mr. Knöpfl (Siebenbürgen) called the vaccination question "a new miscarriage of statistics built on sand." [Great hilarity].

Dr. Kaposi made the final speech, and said that the moral decision about the first question, "Shall there be vaccination or not?" had been given, and that it was now the duty of the Congress to express their opinion honestly and openly.

With regard to the importance of this principal question, Prof. Hebra proposed a resolution, about which the members of the Congress should vote by ballot, signed in their own handwriting.

The resolution was:—

"The third International Medical Congress declares the cow-pox vaccination necessary, and recommends to the respective Governments the introduction of obligatory vaccination."

One hundred and sixty-two ballots had been given, out of which 155 were for and 5 against the resolution. On one ticket there was no name, and on another ticket the name was illegible.

Regarding syphilis and prostitution, an outline of an international legislative enactment was agreed on, providing that medical treatment of syphilis should be carried on under the direction of the authorities, who should choose the medical officers for the purpose, undertaking also the cost when necessary; that special wards for the treatment of syphilis should be instituted in all hospitals, also under the direction of the public authorities; and that all candidates for licenses to practice medicine should undergo a special examination on syphilis.

The discussion on quarantine in cholera led to the adoption of resolutions that land and river quarantine ought to be abolished, but that maritime quarantine should for the present be continued; and that an international committee should be formed to study the means by which cholera is spread, and to frame regulations more efficient than those at present in force. Regarding quarantine in general, it was agreed that it ought to be limited to the time necessary for the disinfection of the ship, crews, and passengers. It was also recommended that a permanent international committee should be appointed to determine what diseases of men and animals should be subject to quarantine, and to draw up a plan for universal application.

A rather long series of resolutions was passed with regard to the drainage of towns, concluding with the following: "All towns should be obliged to take into mature consideration, with the assistance of approved experts, all questions regarding the cleansing and keeping clean of the ground of the town, and the disposal of ordure. This is required in the interest both of the inhabitants and of national economy in the widest sense of the word."

A resolution recognizing the necessity of an International Pharmacopœia was passed. It was agreed that the Pharmacopœia should contain the most important and generally recognized remedies, and their most necessary excipients and corrigents, with a sufficient scientific description; and that the metric system should be adopted. It was also agreed that it should be recommended to the next International Congress to organize a committee for the formation of such a Pharmacopœia.

Brussels was chosen as the place for holding the next International Medical Congress in 1875.

The session was brought to a close with an address by Professor Rokitansky.

The Yellow Fever.

About one-eighth of the inhabitants of Shreveport have fallen victims to the yellow fever. On October 7th forty-two interments of yellow fever victims were reported at Memphis, among them being Rev. Father Carey, O. S. A. About 600 cases were under treatment in the infected district. There was a sharp frost on the night previous, but it did not prevent the development of a larger number of new cases than on any previous day.

Personal.

—Dr. Stellwag von Carion has been appointed ordinary professor of ophthalmology in the medical faculty of the University of Vienna.

—M. Coste recently died, at the age of sixty-six. He was Professor of Physiology in the College of France, and was distinguished for his researches on the development of the embryo in man and animals, and more recently for his labors in the cause of pisciculture.

—We regret to learn that Professor Czermak, the celebrated physiologist, died recently at Leipzig.

—The process of incineration has received a slight encouragement on the Continent from the formation of a club at Hamburg, each member of which, on entering, makes a provision in his will that his remains are to be burned after death.

QUERIES AND REPLIES.

Dr., or M. D.

Dr. S. K., of Va.—Will you inform me which is the more correct on the "shingle" of a physician, "Dr. John Smith" or "John Smith, M. D."

REPLY.—Both are equally *correct*. The most approved *custom* however, both in England and this country, is to use the prefix *Dr.*, and not the initials *M. D.* after the name; the reason being that the general title *Dr.* is a recognized university degree applied to Doctors of Law, Medicine, Divinity, Philosophy, etc., while the degree of *Medicinæ Doctor* may be given by more medical schools.

Skeletons.

Dr. R. P., of Tenn.—A bleached and articulated skeleton will cost you from $45.00 to $50.00.

OBITUARY.

DR. THOMAS MILLER.

This eminent physician was born in the town of Port Royal, Caroline county, Virginia, February 18th, 1806, and died suddenly at his residence, in the city of Washington, D. C., September 20th, 1873.

He attended a course of lectures in the medical department of Columbian College, and in the fall of 1827, or 1828, went to Philadelphia and entered as a student in the University of Pennsylvania, from which institution he graduated in the spring of 1829.

Returning to Washington he commenced the practice of his profession, which, from that time to the day of his death, he pursued with assiduity and increasing reputation.

In 1839 he was appointed professor of anatomy in the Columbian College, a chair which he filled for twenty years with distinguished ability. In 1859 he was elected *emeritus* professor of anatomy and physiology, and president of the faculty, which position he occupied at the time of his demise.

He was a ready and vigorous writer, but has published very little considering the prominent position he held in the profession and before the public. Among his publications are: An Introductory Lecture before the Medical Class of Columbian College in 1840; an Address to the Medical Department of the College in 1842, and a Eulogy on the Life and Character of Dr. Joseph Lovell, of the United States army, in 1846.

He also contributed the following to medical history: Biographical Sketch of the Professional Life and Character of Henry Huntt, M. D., 1838; The Case of the late President W. H. Harrison, 1841; Case of Retained Fœtus for Three Years, 1842; Case of Colloid Tumor in the Cavity of the Cranium, 1845.

MARRIAGES.

BLACKWOOD—GERHART.—On the 23d ult., by the Rev. T. Pleasanton Du Hamel, William R. D. Blackwood, M. D., and Miss Ida C. Gerhart, both of this city.

CAMPBELL—CUTHELL.—At Calvary Church, Sept. 17th, by Rev. Washington Rodman, Arch. M. Campbell, M. D., and Mary Louise, daughter of the late John Cuthell, all of West Farms, N. Y.

HARROP—BAILEY.—September 25th, at the residence of the bride's father, Dr. S. C. Bailey, Columbus, O., by the Rev. Wm. E. Moore, Mr. Joseph Harrop, of Leavenworth, Kansas, and Miss Hattie J. Bailey.

HUSTON—RIDDLE.—In Waterford, Pa., on the 3d inst., by the Rev. T. T. Bradford, assisted by the Rev. T. H. Delamater, Joseph H. Huston, M. D., of Nittany, Pa., and Evelyn H. Riddle, of the former place.

MUSSER—SWAIN.—In West Philadelphia, on the 24th ult., at the residence of the bride's aunt, Mrs. E. D. Saunders, by the Rev. S. W. Dana, Milton B. Musser, M. D., of this city, to Carrie M. Swain, late of Newark, N. J., daughter of the late Mahlon F. Swain.

TRENEHARD—HANNON.—In Deerfield, N. J., Sept. 17th, by the Rev. R. Hamill Davis, Albert Trenehard, M. D., of Williamstown, N. J., and Maggie D. Hannon, of Deerfield.

DEATHS.

BOONE.—September 21st, in Hestonville, Phila., Bertha Easton, youngest daughter of the late Dr. William Henry Boone, in the fifteenth year of her age.

KEFFER.—September 27th, in New Orleans, of fever, Dr. Fred. A. Keffer, son of Geo. and Margaret Keffer, of Philadelphia.

MCLERNEY.—In this city, September 27th, Dr. Bernard McLerney, aged 40 years.

MILLER.—In Elvaston, Ill., of dysentery, August 18th, Jessie Iona, daughter of David Miller, M. D., and Mary Miller, formerly of Beaver Co., Pa., aged 13 months and 6 days.

PECK.—At Hopewell, Lower Cape, Albert County, New Brunswick, Sept. 22, of pulmonary tuberculosis, Dr. Alexander L. Peck, eldest son of Miles and Rebecca C. Peck, in the 27th year of his age.

TAYLOR.—At Belmont Place, near Newport, Ky., Sept. 23d, Belle P. Taylor, wife of Dr. James Taylor.

TREADWELL.—Dr. Samuel Treadwell, for several years President of the Queen's County, N.Y., Medical Society, and a leading physician and surgeon, died, Sept. 25th, at his residence, North Hempstead, Long Island, N. Y.

WILD.—At College Hill, Cincinnati, Sept. 25th, Dr. Levi Wild, aged 30 years and 1 month.

NOV 12 1873

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I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. *Wapping Falls, New York.*

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I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M. D., *Lincoln, Ill.*

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BY S. W. BUTLER, M. D.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 869.] PHILADELPHIA, OCT. 25, 1873. [Vol. XXIX.—No. 17.

Original Department.

Lecture.

CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Lecturer on Clinical Medicine in the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

On Aneurism.

Gentlemen.—I take the opportunity of the presence of several patients suffering with forms of this disease, and of several recent specimens illustrating the same, to call your attention to the nature, diagnosis and treatment of internal aneurisms. The two chief localities where, as *physicians* instead of *surgeons*, we are called upon to determine as to the presence of aneurisms are the thoracic and abdominal cavities; and owing to the peculiar position and relations of the great arteries here, you will find that the study of these internal aneurisms, as we call them, when they involve the aorta or any of its primary branches, is much more difficult and interesting than that of external ones. The forms of aneurism met with in the great cavities of the body are the same as occur in more superficial positions. They are usually classed as the *fusiform*, a gradual dilatation of the entire vessel producing an oval tumor; and the *saccular*, where a rounded aneurism springs from one side of the artery, communicating with the vessel by a mouth which varies greatly in size in different cases. Aneurisms are also spoken of as *true*, when their sac is formed in part or altogether of the coats of the artery; and *false*, when the coats have all been perforated and the sac is formed of condensed cellular tissue and layers of fibrin deposited from the blood inside, and finally *dissecting*, where the blood makes its way *between* some two of the arterial coats and re-enters the vessel at a point some distance below, thus forming an aneurismal tumor contained within the substance of the wall of the artery. But these divisions are of not much practical importance in considering internal aneurisms.

The formation of an internal aneurism is always preceded by disease of the artery. I say *always*, although it may be that in extremely rare cases external violence may cause a traumatic aneurism of a healthy abdominal or thoracic aorta. But for all practical purposes we may assume that there is atheroma of the coats of the aorta before the aneurism is formed. Atheroma is a subacute inflammation of the inner and middle tunics of an artery. It is usually a very slow process. It first causes softening of the inner coat, with exudation between this and the middle coat. At first this exudation is quite firm, and grayish in color; but later it often undergoes fatty degeneration and softening, turns more or less yellow, and may even become semi-fluid, so as to form a sort of little abscess confined under the lining membrane. This is apt to discharge and thus form an uneven ulcerated destruction of the inner coat. Or in other places the exudation gradually undergoes change into hard, brittle, bone-like patches. Atheroma makes the walls of arteries thick and very rigid, but it makes them at the

same time brittle and unable to resist stretching, and thus favors the gradual yielding of the coats of the vessel at some very weak point, so that an aneurism is formed. In many cases atheroma comes on merely as a senile change. In others, it is set up by repeated severe strains upon the vessel, such as occur in men who are obliged to make violent muscular exertions. Atheroma of the aorta occurs very often in cases of cirrhosis of the kidneys; partly from the obstruction to the circulation through these organs, and partly from a tendency which exists in that form of Bright's disease to a general affection of the coats of the arteries. Another disease which frequently causes a form of atheroma is constitutional syphilis, and I am sure we do not yet sufficiently appreciate the extent to which arterial disease is caused in this way. Aneurisms occur far more frequently in men than in women; and are much more common after the age of thirty-five years.

As a general rule the arteries are affected with aneurism more frequently in proportion as they are near the heart. But we also find that there are certain places in many arteries where they are especially liable to appear, because the coats of the vessels are at these points peculiarly exposed to overstrain or external violence.

Of all deep-seated arteries, then, the aorta is most frequently the seat of aneurism, and the points which are oftenest affected are the arch of the thoracic aorta, and the abdominal aorta just below the diaphragm; less frequently the descending thoracic aorta or lower part of the abdominal aorta are affected.

The first illustration of this subject I will show you is of abdominal aneurism. The patient from whom this specimen was removed was admitted to the wards of the Philadelphia Hospital a couple of weeks ago, under the care of my colleague, Dr. Tyson, to whom I owe the opportunity of exhibiting to you the specimen. His only complaint was of weakness, severe pain in small of the back and shooting down limbs, and enlargement of abdomen. On examination a large rounded mass was found occupying the greater part of the left side of the belly. It was painless on pressure, and was the seat of neither pulsation, thrill or murmur. The secretion of urine was free and normal; it never contained a trace of blood. The day before yesterday he suddenly became very prostrate, with pallor and coldness of surface, and died within twenty-four hours, with all the symptoms of internal hemorrhage. At the autopsy, extensive atheroma of the aorta was found throughout its course. Just below the diaphragm there was a large opening in the left side of the aorta, which communicated with a huge sac, extending from between the crura of the diaphragm down to the level of the third lumbar vertebra, and not less than five inches in its anteroposterior diameter. The walls of this sac were thin, and were made of cellular tissue, the true coats of the artery having quite disappeared. On incising the mass its contents were found to be composed exclusively of blood, in the form of soft coagula. At the lower part of the aneurism was a rupture, from which free hemorrhage had occurred beneath the peritoneum, so that it had burrowed down into the iliac fossa, and had even extended up on to the anterior wall of the abdomen, where it formed a blood-tumor about three inches in diameter and one inch thick. There was no free effusion of blood into the peritoneal cavity. The aneurism had begun so close to the spinal column that it had elevated the left kidney before it. This organ was found lying on the most prominent part of the tumor, loosely attached and entirely separable from it; and the left ureter passed without obstruction over its surface down to the bladder. The nerves emerging from the left side of the spine passed along the mass, and must have been strongly compressed by it. The pressure exerted by the tumor against the spinal column had caused the gradual absorption of the bodies of two of the lower dorsal vertebræ. The cœliac axis was dilated and atheromatous. Below the aneurism the abdominal aorta was highly atheromatous.

I have thus shown you a huge abdominal aneurism, whose presence was revealed during life only by signs of a tumor and by pain. The absence of the usual signs of aneurism, pulsation, thrill and murmur, rendered its diagnosis difficult. It might readily have been mistaken for a cancer of the left kidney, and mistakes of this kind are not rare. In my next lecture I will allude to the chief diagnostic signs of abdominal aneurism, and also to its treatment and modes of termination. You will observe that in this case the termination was by rupture, in such an unusual position as to cause extensive subperitoneal hemorrhage.

Communications.

A CASE OF CARBUNCLE.

BY DR. J. F. PRITCHARD,
Of Manitowoc, Wis.

N. B., aged 58, American, who has been afflicted with necrosis of the bones forming the nasal cavities, the origin of which has not yet been ascertained, was attacked Nov. 26th, 1871, with severe chills, followed by soreness, pain, and stiffness of the neck, accompanied by a small inflamed tumor on the posterior surface of the neck. This tumor gradually increased in size, and became more painful, until it covered the whole of this surface of the neck, extending from the occipital ridge to the vertebra prominens, or about six inches in length by four in breadth. The tumor was oval-shaped, consisting of a depressed centre, about two and a half by four inches, surrounded by an elevated inflamed border an inch in width.

The centre consisted, when at its full development, of a cartilaginous mass, of a blackish-gray color, entirely devoid of sensibility, and covered, on its surface, with a moist excretion not resembling anything like pus.

The outer ring was of a dark red color, with stringy pus exuding in very many points, and in greater abundance at the juncture of the centre and this border.

The tumor reached this stage of development in about two weeks, and then continued stationary, without regard to applications locally, or internal treatment, till the 19th of December, when a difficult and tedious dissection of the whole dead mass, as far as was practicable, was made. It consisted of a tough, gristly mass, from one-half to three-fourths of an inch in thickness, and caused no pain in removal, unless near the edges, where it was irregular, passing underneath and apparently into the sensitive tissue. It was decided best not to disturb the sensitive portions of the tumor, but leave any portions of this mass not easily removed to slough away later, leaving as much of the integument as possible, thereby avoiding a very large denuded surface and tardy cicatrization.

The portions of dead tissue remaining came away soon after, as anticipated.

Underneath this gristly centre was found a bed of stringy, greenish-yellow pus, which, on being wiped carefully away, showed the muscular structure of the neck in an apparently healthy state. After this operation, which had to be supplemented by clipping away other smaller pieces of unhealthy tissue as they became loosened, the ulcer began to granulate in a few days, and healed kindly and completely in about three weeks from date of removal of the centre.

Medicinal treatment consisted at first of mercury and potass. iod. internally, with warm poultices externally, and narcotics to relieve pain. This was changed after a fair trial, and as soon as the system demanded it, to tonics, stimulants, and nutritious diet. The tonics and stimulants were increased to large doses at the time and after the operation. He complained of "night sweats" at one time, which were relieved by drinking freely of hard cider. As soon as the whole dead mass was removed, the poultices were discontinued, and resin cerate applied, with straps of adhesive plaster to facilitate the approximation of the edges.

Now, what is claimed for this method of treatment is, at least, not adding to the patient's misery, and causing the spread of the disease by application of strong caustics. Strong caustics, I hold, at no stage of the disease can do good, except, perhaps, as an issue, and even as such are of very doubtful efficacy.

The object should be to promote speedy cure by removal of the offending mass as soon as possible, and assist nature to bear the strain by judicious medication.

In this case constitutional treatment was at first instituted with regard to a probable syphilitic cachexia, and after being continued a reasonable length of time without benefit, was abandoned.

DIAGNOSIS OF SOME OF THE DISEASES OF THE PELVIC VISCERA OF THE FEMALE.

BY DR. H. R. LOWDER.*
Of Indiana.

Of all the diseases incident to the human family there are none, perhaps, attended with greater difficulty of diagnosis than those of the pelvic viscera of the female. In the broad field of gynæcology have occurred some of the most hotly contested and ably conducted polemic disputations of which we

* I am indebted to the excellent work of Prof. T. Gaillard Thomas on "Diseases of Women" for a great deal of the subject matter of this article. This paper was read before the Medical Society of Greene County, Indiana.

have any record, either ancient or modern; and these discussions and differences of opinion have prevailed with reference not to the diagnosis only of these diseases. Their pathology, and, consequently, therapeutics, have been the subjects in the consideration of which sects have arrayed themselves on all sides. The inaccessibility of the parts, and the want of means for their exploration and examination have tended to perpetuate the obscurity connected with their pathology, diagnosis, and treatment. Flexions, versions, and neoplasms; prolapsus, subinvolution, and interstitial hypertrophy; inversions, polypi, and sessile tumors; ulceration and epithelioma; endometritis, and parenchymatous affection; pelvic hæmatocele, peri-uterine cellulitis, and pelvic peritonitis have been confounded; and this has not been done by the young and inexperienced only, but by the seniors in the profession, and those who have made gynæcology a specialty. Then, in order to avoid, as much as possible, mistakes which would be detrimental to the welfare of the patient, and the attendant's reputation, this field of the physician's labor cannot be too well cultivated. In no department of medicine or surgery has industry, perseverance, and profound study produced such wonderful results. It is to such men as Bennett, Simpson, Wells, and Brown, of Great Britain, and Sims, Atlee, Emmett, Bozeman, and Peaslee, of the United States, that humanity is indebted for the present advanced state of gynæcology. They have simplified and perfected the operation of perineorraphy, until now it is performed by the profession generally. Urinary fistulæ are no longer regarded as incurable. The indefatigable energy of Sims and Bozeman has rendered failure exceptional, and cure the rule. Ovariotomy, once regarded as almost necessarily fatal, has been placed in the list of legitimate surgical operations, and successfully performed by the world-renowned Atlee and others. Prolapsus has been rendered curable by the application of improved pessaries and the operation of elytrarrhaphy. Thus we see that the sufferings of the poor woman may be alleviated; that instead of passing her days in wretchedness, perhaps as an object of loathing by her husband and friends, if we make proper use of the means placed in our hands by these pioneers in the treatment of female diseases, she may be restored to usefulness and happiness. We should not regard too lightly, or consider as trivial matters, female affections. Many a woman, from a feeling of delicacy in making known the nature of her afflictions, or, perhaps, on account of the obscurity of the symptoms, which have led her to suppose that her disease is of an entirely different character from what it is in reality, has allowed it to continue without treatment; or, perhaps, mistaking the disease altogether, has pursued improper treatment until her condition has become deplorable, and the foundations of a wrecked constitution been permanently laid. Pain in the back, in the thighs, in the pelvis, and in the stomach; constipation, diarrhœa, functional affection of the heart, indigestion, cephalalgia, and the whole train of nervous affections, which exist merely as symptoms of the primary disease, have all been, singly and collectively, treated; or, perhaps, the unfortunate woman has been charged with hysteria —and I must say that this term has been most scandalously abused. It has served to cover up an abundance of ignorance, or as a means of shuffling off the pains and labor that duty demand.

We will first notice the general means of diagnosis, and then the diagnosis of individual diseases. Affections are differentiated, *i.e.*, they are distinguished from one another by means of symptoms and signs. Those signs which appeal to our reason are called rational signs or symptoms, and those which appeal to our senses are called physical signs. The rational signs are elicited from the recital by the patient of the history of her case, and from answers to questions by the physician. The physical signs are obtained by the means which we will proceed to consider. The position of the patient has a great deal to do with the effectiveness of the examination. The soft bed renders her too inaccessible. She should be placed upon a table turned to the light, and her body covered with a sheet, or, should the use of the table be impracticable, a broad board may be placed under the sheet upon the bed, which will present a hard surface for the patient to recline upon.

1st. *Anæsthesia.*—This is sometimes a valuable means of diagnosis, when the examination is attended with great pain, when it is necessary to relax the tissues, or when the patient is delirious or a malingerer. There are various circumstances which indicate its administration.

2d. *Vaginal Touch.*—This is the most important explorative measure at the command of the examiner. The patient should be placed upon her back, legs flexed, and buttocks near the edge of the table. The index finger, introduced into the vagina, assures the investigator of the perviousness of this passage. The finger reaches the os, which is examined with reference to size, consistency of lips, and other morbid conditions. It is then passed to the side of the cervix, with a view to ascertain any induration, tumor, or abnormal state existing there. The finger should then be slid posteriorly into the recto-uterine space. Should any tumefaction or hardness be found to exist there, it will be retro-version, retro-flexion, the products of inflammation, the results of peri-uterine cellulitis or pelvic peritonitis, sybala in the rectum, fibroid tumor, ovarian tumor, prolapsed ovary, or a hæmatocele. All of these conditions may be excluded with a great degree of certainty, if no tumor is found to exist. The finger should then be passed anteriorly upward and forward along the base of the bladder. Any tumefaction existing there will be ante-version, ante-flexion, stone in the bladder, fibrous tumor, enlargement of the womb, or cellulitis. The ovaries and the pelvic areolar tissue, in every direction, should be firmly pressed.

3d. *Conjoined Manipulation.*—The viscera within the pelvis are very movable, on account of the loose areolar tissue, and the length of the ligaments which bind them to its walls. The hand pressed upon the abdomen about the pubis at the same time that we employ the vaginal touch, will make them descend. The size and tenderness of the womb, any tumor or induration, may be more accurately determined as they are compressed between the fingers of the two hands.

4th. *Abdominal Palpation.*—This measure consists in the employment of both hands externally in determining the nature and character of abdominal tumors.

5th. *The Rectal Touch* is of great value in exploring the posterior walls of the uterus and recto-uterine space. At the same time that it is employed the uterus should be made to descend by pressure upon the abdomen, or a tenaculum hooked into the cervix. The recto-vaginal septum may be examined by what has been designated the "double touch," which consists in introducing the index finger into the rectum, and the thumb into the vagina, grasping the tissues between them.

6th. *Vesico-Rectal Exploration* is valuable in some cases, but its use is limited. It consists in passing a sound into the bladder, and the index finger into the rectum, and causing them to approximate. It is useful in ascertaining the size of the womb in corpulent women, and in differentiating polypus from inversion.

7th. *The Speculum.*—This instrument is not as valuable as some other means of diagnosis. Its greatest use is in the treatment of female diseases. There are two varieties of specula which are mainly employed, the cylindrical and Sims'. The objections to the first is its difficult use in operations, and the impossibility of probing the uterus through it. The second involves an entirely different principle in its use, viz., the expansion of the vagina by atmospheric pressure. The position of the patient is very important to its successful employment. She should be arranged nearly upon her left side. The left arm should be placed behind her back, so that she will recline partly upon the left side of the chest. The legs should be flexed in such a manner that the right knee will rest just above the left. The lower trochanter should be nearer the examiner than the upper by three or four inches. If the patient assumes this posture, the abdominal viscera will gravitate and draw after them the anterior wall of the vagina. The speculum may then be introduced and the posterior wall of the vagina elevated, exposing readily to view the whole cervix and a good portion of the vaginal wall. Sims' speculum has been modified by Bozeman, Thomas and others, with a view to make it self-sustaining, thereby avoiding so many assistants in operations.

8th. *Uterine Probe.*—The credit of the discovery of the uterine probe as a diagnostic means, or at least the credit of having forced its attention upon the profession, is claimed for Simpson, of Edinburgh, although similar claims are made for Kiwisch, of Prague, and Huguier, of Paris. It has been greatly modified and improved by Dr. Marion Sims. This instrument is of great value, although its use is attended with some danger, in ascertaining the capacity of the uterus, the existence of neoplasms, deviations and displacements, and corporeal endometritis. Prof. Thomas has invented a uterine probe composed of a small flexible rod of rubber

with a knob on the end the size of a buck-shot, for the purpose of measuring the length of the cervical and uterine canals. It is introduced into the cervical canal and passed to the os uteri internum, where it meets with resistance. The measurement is then taken. It is then passed to the fundus and the measurement again taken. Thus we may obtain the length of these two canals, a matter of great importance in differentiating cervical and corporeal hyperplasia.

9th. *Tents.*—To Dr. James Simpson belongs the credit of opening the cervical canal for the purpose of diagnosing and treating diseases of the body of the uterus. In 1849 he placed the use of the sponge tent in the hands of the profession. Although previous to that time Ricarnier had carried his local applications to the cavity of the womb, yet he had only done so when the cervix was dilated by disease. There are two varieties of the tent, those manufactured of compressed sponge, and those of laminaria digitata, or sea-tangle. Each has advantages not possessed by the other. The sea-tangle creates no fetor and presents no animal matter for absorption, but they require a longer time for expansion, and are kept in the cervix with greater difficulty. Dr. Nott, who has experimented with them considerably, arrives at the following conclusions in their favor: They are preferable for moderate dilatation; if placed in warm water a few moments before their introduction they may be bent to conform to the axis of the uterus; from their softness and smoothness they are removed without difficulty, producing no abrasion or irritation; they do not become putrid like sponge tents, and therefore may be retained for a greater length of time. Unless the womb is low in the pelvis the tent should be introduced through the short cylindrical speculum, or one of Sims' varieties. The cervix being fixed and held by a tenaculum, the tent, grasped with a pair of mouse-tooth forceps, is pushed in the direction of the uterine axis, as ascertained by the probe. A mass of cotton is then placed against it to keep it in position, and the woman directed to remain in bed until it is removed, which is accomplished through the speculum in from twelve to twenty-four hours. There are dangers connected with the introduction of the tent pointed out by Prof. Thomas, which I will give in an abbreviated form. 1st. In its introduction no force should be employed. If it fails to pass to the os internum it should be bent to conform more accurately to the cervical canal, as ascertained by the uterine probe. 2d. The tent should not be introduced at the physician's office, and the patient allowed to go home with it in utero. 3d. Careful investigation should be made as to the previous existence of chronic pelvic peritonitis. Should such have existed the tent should be avoided, as general peritonitis has been known to result from its introduction under such circumstances. 4th. The tent should not be allowed to remain longer than twenty-four hours, and if the desired result has been accomplished, it should be removed in twelve hours. 5th. After the removal of the tent the vagina should be washed out with an antiseptic fluid, and if any pain, chilliness or discomfort follow its removal, perfect quietude should be enjoined, and opium administered. 6th. After its removal the patient should remain in bed twenty-four hours, and not be permitted to travel under four or five days.

There are other means of diagnosis, viz., the endoscope, the exploring needle, the microscope, auscultation and percussion, which are valuable in some cases. Especially is the microscope valuable in the differentiation of malignant growths.

We will now consider the diagnosis of some of the individual diseases of the female; and in doing so will omit those of the vulva and vagina, and take up those of the uterus and some of its appendages.

Acute Endometritis.—The patient complains of pain, weight, and dragging in the pelvis; pain in the back, groin, and thighs; and vesical and rectal tenesmus. After a few days there will be a discharge of a viscid fluid, which soon becomes purulent, and perhaps bloody. Tympanitis, sensitiveness upon pressure, and uterine tenesmus present themselves in severe cases. The discharge sometimes produces pruritus vulva and excoriation of the parts. Examination by the touch shows the vagina hot and dry, unless covered by the discharge above mentioned. The os is found gaping, and the cervix and body tender and swollen. Through the speculum the cervix will look red and swollen. The probe will reveal great tenderness throughout the whole uterine cavity, and touching the fundus will cause a few drops of blood to flow. Conjoined manipulation will discover the whole uterus enlarged and tender upon pressure. The

affections with which it is liable to be confounded are cellulitis, peritonitis, vaginitis, and metritis. The vaginal touch will settle the first three. From parenchymatous disease, or metritis, it will be difficult to diagnose when the muco-purulent discharge is lacking.

Acute Metritis.—The symptoms and signs are the same as in the last mentioned disease, with the exception of the discharge. It is liable to be confounded with pelvic peritonitis, cellulitis, endometritis, and active congestion. From the first it is distinguished by the uterus being movable and by a lack of tenderness existing over the pelvis. From cellulitis it may be differentiated by the absence of a tender mass in one broad ligament or near the womb. In endometritis the uterus is not apt to be enlarged or tender in so marked a degree; the constitutional symptoms are not so great. Its characteristic discharge is the most reliable means of differentiation. From active congestion metritis cannot be diagnosed except by its subsequent progress.

Chronic Cervical Endometritis.—This is the most frequent of all uterine diseases. It may exist for a long time without the knowledge of the patient; even a leucorrhœa somewhat abundant, that has escaped her attention, may be discovered by the practitioner in the vagina. There will be pain in the back, pelvis and loins, and menstrual disorders. Constitutional symptoms will soon develop themselves. The patient becomes nervous and despondent. Indigestion, innutrition, and impoverished blood are the results. Continued congestion of the endometrium and sub-mucous tissue brings on complications. First aureolar hyperplasia, or interstitial hypertrophy ensues, and then displacements as a result of the increased weight of the uterus. If the disease is not complicated the vaginal touch will reveal the os in its normal position; the lips will be slightly puffed. Pressure upon the cervix will cause pain most marked near the os internum. Through the speculum a tenacious string of mucus, difficult to remove, will be seen protruding from the os. This is the characteristic secretion of the glands of Naboth, which are imbedded in the region of the mucous membrane of the cervix, and is almost positively significant of this disease. It is important in the treatment to ascertain whether this affection is complicated with

Corporeal Endometritis, which we will proceed to notice. The symptoms are nearly the same as in the preceding disease. The character of the leucorrhœa is different. It is not so tenacious and thick as the secretion of the Nabothian glands. The products of the urticular follicles are generally mingled with blood, giving the discharge a rust-colored appearance. This is regarded as characteristic of this disease, as the brick-dust expectoration is of pneumonitis. The discharge is apt to be mistaken by the patient as a prolonged menstruation. Menorrhagia and sometimes metrarrhagia may exist, or there may be a tendency to cessation of menstrual flow. In some cases in which the sub-mucous connective tissue is involved, the entire lining membrane of the uterus is exfoliated, constituting membranous dysmenorrhœa. The symptoms of pregnancy are frequently concomitants of this affection, viz., nausea and vomiting, discoloration of the areolæ, and enlargement and tenderness of the mammæ. The uterine probe passed to the fundus will cause pain, and upon its withdrawal a few drops of blood with mucus will follow. Upon conjoined manipulation, the finger placed in the fernix vaginæ, or in the rectum behind the body, it will be found to be sensitive and tender. Dilatation of os uteri internum is, also, a valuable sign.

Areolar Hyperplasia.—In this disease the symptoms are very similar to those of corporeal endometritis. The following superadd themselves to those of that affection: pain on defecation, pressure on the rectum, with tenesmus and hemorrhoids, and vesical tenesmus. The vaginal touch will reveal the uterus somewhat prolapsed; the cervix will be swollen and tender, and the os may be dilated so as to admit the finger. If the disease has extended to the body it may be ascertained by placing two fingers in front of the cervix, and pressing upon the abdomen with the fingers of the other hand. If the womb be ante-flexed or ante-verted, it will be perceived, unless the woman is very corpulent, to be enlarged and tender. Upon failure to grasp the womb in this manner, the two fingers should be passed posteriorly to the cervix into the fernix vaginæ; if the womb be in its normal position, retro-flexed or retro-verted, it will be readily detected. The cavities should be measured by the probe. If the cervical canal is elongated, and the passage of the sound is resisted at the os internum, the length of the uterine

canal being normal, it is fair to presume that the cervix only is affected. This disease is very generally complicated with endometritis, which is indicated by a leucorrhœa and its concomitant symptoms. It is difficult to diagnose corporeal endometritis with beginning hyperplasia from the early stages of pregnancy. Both are accompanied by darkening of the areolæ, enlargement of the breasts and uterus, nervous derangement, nausea and vomiting; but in one menstruation is not so apt to cease. There is no kiesteine in the urine, there is great tenderness of the body of the uterus, and an abundant leucorrhœa. Peri-uterine cellulitis may be differentiated by the fixedness of the womb and the absence of the signs of interstitial hypertrophy developed by the probe. This affection has been commonly designated by the terms chronic parenchymatous inflammation, habitual hyperæmia, irritable uterus, etc., terms which have been discarded by Prof. Thomas and others, on the ground that they convey a false idea of the pathological condition of this affection, it being characterized by congestion (especially in the first stages), hypergenesis of connective tissue, and nervous hyperæsthesia. They define inflammation to be "an arrest in the process of nutrition, characterized by nervous hyperæsthesia, congestion, effusion of the elements of the blood, and a tendency to suppuration."

Peri-uterine Cellulitis.—This disease is now known to be one of great frequency. It consists in inflammation of the adipose and areolar tissue surrounding the womb, and that extending between the folds of the peritoneum, constituting the broad ligaments. It is most frequently the result of parturition. The symptoms of the acute form are chill, increased local heat, pain, fever, dysuria, painful defecation, and metrorrhagia. The menstrual flow may be increased, if the affection exist at that period. All of these symptoms may not supervene. Subacute cases may exist without chill or fever, or without any symptoms except feebleness and weight in the pelvis. There may be a sensation of throbbing and tension about the womb, which is increased by defecation, urination, and locomotion. By the vaginal touch, the parts will be found very warm, and a feeling of puffiness may be detected. Upon pressure, there will be sensitiveness in different directions, and by conjoined manipulation a particularly tender point will be detected on one side of the uterus. As the second stage advances an induration, the size of a walnut or goose egg, will be perceived in the same position, or in the broad ligament. This disease may be differentiated from pelvic peritonitis, fibrous tumors, and hæmatocele. Pelvic peritonitis shows the usual signs of peritoneal inflammation, a tendency to relapse at menstrual periods, great pain and tenderness, and hardening of the whole pelvic roof. The uterus is less movable than in cellulitis. Fibrous tumors are painless, free from the symptoms of inflammation, and movable in the pelvis. Hæmatocele is characterized by the symptoms of the loss of blood.

In conclusion, we would say that on account of the advanced state of gynæcology, the improvement in the means of diagnosis, and the increased knowledge of the pathology of the various uterine affections, the industrious, energetic, and studious physician may properly differentiate and successfully treat most female diseases. In the last few years the workers in this department of medicine and surgery have bequeathed inestimable blessings to one-half of the human family, as many a wife, once miserable, dejected, and almost abandoned, could readily testify.

Hospital Reports.

COLLEGE OF PHYSICIANS, NEW YORK.—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

October 3, 1873.

Dr. Thomas, on opening the clinic, was warmly welcomed by the members of his class. He strongly advised them to take notes, and for their encouragement offered a prize to be awarded at the close of the session. Cases during the coming session will be seen, possibly, not again in 25 years; but, again, they may be the first to put in an appearance after the youthful M. D. has put out his sign, and then a correct diagnosis obtain for him a position high among his fellow practitioners. In consultation out of town, I frequently meet men grown old in practice, and who, from want of system, let pass unnoticed and forgotten cases which it is their duty to publish and enrich medical literature, but they pass by, and if brought to memory again, there are no notes nor anything on which to found a proper history. It is the duty of those now in attendance to record fully the cases which come before them, and which may be of untold benefit.

When I was a student I saw a boy who

had little lumps up and down his shin bone, which resembled closely injuries that possibly might have been received at the hands of the school master. I thought it was in all probability periostitis, but called in my preceptor, who made the diagnosis of erythema nodosum. I saw no similar case for many years after, and when I did it was in hospital practice. My sense of shame at my former failure impressed it on my memory.

To-day some cases will be brought before you of considerable interest, that is, if the patients will permit. In many cases, if we gave the patient the option either of coming before the class with the necessary exposure, or leaving the clinic, they would choose the latter, and in those cases I deem it best to bring them in and make the requisite demonstrations on the black board.

Retroversion of Uterus.

History.—Mrs. M.; is 30 years of age; has had three children and three abortions, the last two years ago; since that has been sterile. Shortly after the last miscarriage she complained of pain over the region of the groin, and a burning pain beneath the pubis. Menstruates regularly, but it is less in quantity. Has no leucorrhœa. Heavy lifting increases the trouble, and for this reason cannot carry her last child. When her trouble began, noticed that her stomach swelled.

Physical Examination.—Placing the patient on her back, and carrying the finger into the vagina, the cervix is found normal. By conjoined manipulation with the other hand over the pubis, no uterus is discovered in its normal position. Posteriorly there is a tumor. This tumor might be a uterine fibroid, pelvic hæmatocele, or, indeed, pelvic cellulitis.

The patient was now placed in Sims' position, and the sound introduced, when it was found to enter the tumor; it, therefore, is retroversion of the uterus. This displacement of the organ is the cause of the sterility and the pain of which the patient speaks. The pain is produced by the stretching of the ligaments. In using the uterine sound to examine a patient, it must be handled as carefully and as gently as if it were a sound introduced into the lachrymal canal.

In respect to the prognosis of the case, we can predict a cure, but not immediately.

Treatment.—I do not propose at the present time to enter into a discussion on the subject of pessaries, but I do say that without their use the subject of gynæcology would be emasculated. But in the use of them, it is very important that we understand what we are doing, and understand, also, how to apply them.

In the present case the uterus might be brought into its normal position either by Cutler's pessary (the head of the pessary pressing on the fundus of the organ) or by the ordinary S pessary. There is nothing else to be done; no other trouble to relieve. If there had been congestion, which there is not in this case, it would be removed by the treatment.

Ovarian Tumor.

History.—M. M., aged 25, has had four children, the youngest one ten months old. One month after the last confinement noticed the abdomen began to enlarge, and has increased from that time. Has seen many physicians, but no diagnosis was arrived at. On examining the abdomen we find it enlarged, as if the patient was far advanced in pregnancy. We find that it does not flatten down, as is usual, but has a tendency to be acuminate. On percussion, we get the flat sound, and on passing the hand over the abdomen there is a sound more resembling cracking than anything else. The whole uterine measurement is a little less than normal.

The first question that comes up is, What is it? But it is better for us to say what it is not, and make the diagnosis by exclusion. A correct diagnosis is not always easy. I make mistakes every day, and so will you. But among the various things it might be are—

Pregnancy,
Extra uterine pregnancy,
Hydatids,
Malignant disease,
Fat,
Fibroid tumor,
Fibro-cystic tumor,
Tympanites,
Ascites,
Ovarian cyst.

Pregnancy.—The introduction of the sound decides the question in this case. The uterus is small and undeveloped. If there is any doubt we must not leave the uterus unexplored, for it is better to bring on an abortion than cut down on a gravid uterus.

Extra Uterine Pregnancy.—Extra uterine pregnancy is brought forcibly to my mind by a case that entered the service of Dr. Emmett, at the Woman's Hospital in this city. The patient had two children previous to this extra uterine development. When patient came to her term, she sent for her physicians, but they recognized the extraordinary condition, with the movements of the child in the abdomen. After fifteen months she entered the hospital. She was then much emaciated, and an examination of the abdomen disclosed fluid, with some hard body floating in it. The uterus was about normal. Dr. Emmett made an incision, which was followed by a discharge of pus, and, continuing, found a fœtus floating in fluid. The child was not putrid, but was undergoing an atheromatous degeneration. Ten days after the patient died.

Hydatids.—By withdrawing, through a hypodermic syringe, a specimen, we can come to a decision. In the case before us, as you can see, the fluid is a wine color. In hydatids the fluid would not flow through the hypodermic needle.

Malignant Disease.—It is a very difficult matter to decide on malignant disease. You can usually get a hard body rolling around in the abdomen, but in the case before us we have nothing of the sort.

Fat.—Women, as they advance in years, particularly when they cease to menstruate, have a tendency to increase the adipose tissue, and especially is it found over the abdomen. The most satisfactory point in the diagnosis of it is the ability to lift it in masses between the hands.

Fibroid Tumor.—Fibroids are solid, and this one is fluid; not only by fluctuation but by the crucial test of the hypodermic needle.

Fibro-cystic Tumor.—Two years ago a woman of 25 was operated on by me for ovarian disease, but when I opened the abdomen I found that it was a fibro-cystic tumor, adherent to the upper portion of the uterus. However, the patient recovered. In the case before us we can roll the uterus about, and, in all probability, exclude fibro-cystic disease.

Dr. Atlee, who is of great eminence as an ovariotomist, suggests the use of the hypodermic syringe to settle the diagnosis in this particular case. After having withdrawn a specimen and placed it under the microscope, if it is fibro-cystic, utero-fibroid cells show themselves. Although this has not been examined in that way, yet I am confident none will be found.

Tympanitis.—The diagnosis will rest on the fact of percussion giving a resonance, which is not so here.

Ascites.—In ascites we have the intestines floating on the top of the fluid, a change of position giving a change in the flatness and resonance respectively.

Ovarian Cyst.—Lastly, we come by exclusion to the ovarian cyst. The hypodermic syringe shows a fluid, which, as you see, is of a sherry-wine color. If it were from ascites, it would be clear, or rather an amber tint. In the introduction of the needle there is nothing to dread. Even if it should penetrate the intestine, no harm would ensue, as has been proved by clinical experience. In the present case we may be in error, but the probabilities are that the diagnosis is correct. So far the patient has no idea how grave the case is, and if we can prevail on an operation, I hope to be able to present her at a future clinic materially reduced in size. The chances of operation are, I think, 8 to 10 in her favor. I shall not insist on an operation if she objects after the facts are laid before her. That will end it.

Malignant Disease—Error Caused by the Hypodermic Syringe in the Diagnosis.

Mrs. B., aged 55. Patient had been complaining for some time of swelling of the abdomen, when she came under observation. There was neither a history of Bright's, nor of disease of the liver. The hypodermic syringe was had recourse to in order to aid us, but though inserted in different portions of the abdomen, nothing was got. The patient was old, and by no means a promising case for operation, particularly when we were so befogged about its character. It might have been hydatids, or it might been ? During the time that the case was being deliberated over, patient died, and at the post-mortem we found nothing more nor less than malignant disease of the omentum, with a large amount of ascites.

When the needle of the syringe had been introduced, it had never penetrated the fatty walls of the abdomen, and by this mistake we avoided giving the patient relief though not cure. An operation of gastrotomy would have been of no avail, but by withdrawing the fluid the distress would have been lessened, and the end, though not prolonged, made much easier.

Medical Societies.

PROCEEDINGS OF THE NEW YORK PATHOLOGICAL SOCIETY.

At a meeting of this Society, held September 24th, 1873, Dr. E. L. Keyes in the chair, the following items of interest were presented:—

Dilatation of the Stomach.

Dr. R. E. Van Giesen presented a dilated stomach, but said that he merely meant it for a text to the history of an obscure case. The patient was about fifty years of age. During the spring became emaciated, and complained of chills and fever. In August retention of the urine appeared, and lasted, off and on, for a week; at the expiration of this time a free gush of pus took place, followed by complete relief. About a month after this a diarrhœa began, and in a few days patient noticed a sharp pain over the liver. This diarrhœa still kept up, and very shortly after stercoraceous vomiting ensued, with death.

Dr. Austin Flint saw the case in consultation, and was at a loss to make it out satisfactorily. The diarrhœa apparently precluded the idea of intestinal obstruction.

Post-mortem. Upon examining the cavity of the abdomen nothing was visible, but the stomach immensely dilated and crowding the intestines out of sight. It was apparently fifteen inches in length. The small intestines showed no special lesion, with the exception of that portion near the ilio-cæcal valve, which gave signs of inflammation and ulceration. The colon in some parts also yielded similar evidences.

Dr. Van Giesen was of the opinion that there had been an intussusception of some part of the small intestines, and during the autopsy this had been reduced. He had noticed a similar fact in children. If this was not so he could not see any proper explanation of the gravity of the case from pathological evidences.

Dr. Keyes asked if the abscess was prostatic or peri-prostatic, and whether there was any pus in the urine before or after the free discharge of it.

Dr. Van Giesen said that there was only detected pus for a short time when the abscess burst. The abscess was peri-prostatic.

Rare Case of Epithelial Melanoma.

Dr. Hermann Knapp presented an eye which had been removed from a patient about a week ago. It was of interest from the fact that it exhibited *epithelial melanoma*, a disease of great rarity, indeed, there are very few upon record. The history of the case was briefly as follows:—A small tumor appeared on the inner side of the cornea, which, after a time, was removed; shortly after another appeared on the outer side of the cornea. It appeared again at its first site and soon made considerable progress. It was recognized as being malignant, and its removal advised. About a week ago the eye was enucleated. This tumor was found to be pear-shaped, and three or four lines one way, by four or five the other, black in color, adherent to the cornea, and covered by the conjunctiva; although it was situated at the junction of the cornea and sclerotic the iris was not involved. On a microscopical examination it was found that the laminæ of the cornea were perfect, but the tumor was making its way between the laminæ into the orbit, and what was of especial note was the fact that the lacunæ, or cornea corpuscules, were filled with this black matter. The tumor itself was filled with melanolic sarcoma containing cylindrical and spindle-shaped cells. Eight days after removal a hard tumor appeared in the orbit; this also gave evidences of being malignant. This secondary tumor was removed to-day, and was followed by profuse hemorrhage.

Carcinoma of the Stomach.

Dr. —— presented history and specimen of the following case:—The patient was sixty-seven years of age; no family history of cancer. About a year ago complained of dyspepsia and emaciation. This continued with few notable symptoms until shortly before death, when vomiting ensued.

Post-mortem. The pylorus exhibits a marked amount of carcinomatous deposit.

The same gentleman exhibited a

Calculus Vesicæ.

Patient was twenty-eight years of age, and first complained of bladder trouble three months after being married. After examination the stone was recognized, and it was determined to cut. During the operation, it is inferred from the future history of the case, the rectum was bruised, inasmuch as it sloughed shortly after, and there can be no doubt that it was safe from the knife during the operation. Eventually it healed up and everything progressed favorably.

Editorial Department.

Periscope.

On Facial Ulcers, Sycosis, and Acne.

Dr. E. D. Mapother, Surgeon to St. Vincent's Hospital, Professor and Member of Council, Royal College of Surgeons, and late Examiner in Surgery, Queen's University, says, in the *Medical Press and Circular:*—

I have lately treated an ulcer involving the greater part of the left half of the face, and the case seems to me worthy of record. The patient was a healthy married lady, æt. 38. Eight years previously the ulcer had formed, and never had completely healed, although its size had, on three occasions, lessened considerably. The surface was shining and level, without any defined granulations. The edge was somewhat irregular. It was painless except when dressings were being removed. There was no glandular enlargement, nor the least interference with health. The surface was dressed with a mixture of citrine ointment, and one-eighth part carbolic acid, poulticing with bread and water being substituted when the surface became tender. Donovan's solution was ordered in thirty-drop doses thrice daily. Under this treatment the ulcer healed in about five weeks, leaving a scar a little darker in tint than the skin, and with an edge slightly puckered, somewhat in the manner of keloid. It has now remained in the same state for three months.

I have since treated a lady in the suburbs for an ulcer near the outer canthus, which presents more of the characters of Jacob's ulcer. It was about as large as a sixpence, covered with a brown fetid scab, and had existed for over ten years, beginning when the patient was fifty-five. This patient was a great sufferer from gout, and from its frequent concomitant, eczema of the legs. Having poulticed off the scab, I used the same ointment and medicine as in the former case with success, so far as I can judge, for it is possible the ulcer may re-open. Ever since Jacob described rodent ulcers, in 1823, excision has been regarded as the sole remedial step, but in some cases it is not available. For instance, the ulcer was too large in the first case detailed, and in the second the patient refused to submit to operation, as she had done six years ago when the suggestion was made by a most eminent consulting surgeon.

The same local application and alterative have cured a case of sycosis menti which was lately under my observation. The disease was not parasitic, but most obstinate

and extensive. Before I tried citrine ointment and carbolic acid, with Donovan's solution internally, I had used lotions of chloride of mercury, cyanide of potassium, and several other applications, without any benefit.

It is right to acknowledge that Donovan's solution has proved worthless in several cases of acne which I have treated at St. Vincent's Hospital, and in private practice. Two of the patients were females, who menstruated regularly, and showed every other sign of general health. The disease was simple acne without suppuration or much obstruction of the sebaceous glands. One was completely cured, and the other greatly benefitted, by the drinking of the Lisdoonvarna sulphur water, and the use of it twice daily in bathing the face.

The Nitrite of Amyl in Epilepsy.

Dr. CRICHTON BROWNE has contributed to the last volume of "West Riding Lunatic Asylum Medical Reports" a paper in which he describes his experience in the use of nitrite of amyl in epilepsy. The results at which he has arrived are mentioned in the *Medical Press and Circular:—*

Being engaged in tracing out the areas of blushing as induced by nitrite of amyl in different individuals and under different circumstances, with a view to elucidate the laws regulating the diffusion of that form of emotional expression, Dr. Crichton Browne was struck by the fact that the degree and extent to which the blushing caused by nitrite of amyl is manifested are influenced by certain pathological states. He found that general paralytic patients may inhale a considerable amount without displaying any marked flushing, even of the face, and that epileptics cannot breathe the smallest quantity without exhibiting extreme cutaneous hyperæmia over the face, neck, and chest. Guided by these observations and by an ingenious argument founded upon them, he was led to conclude that if the nitrite of amyl could be given immediately before an epileptic fit, the spasm of vessels might be prevented, and so the whole sequence of morbid events averted. "And," as he forcibly remarks, "a fit averted in epilepsy is no slight gain; it is, in fact, a step made towards recovery, and a postponement of those degenerative consequences which are, as a rule, developed in proportion to the frequency and severity of the fits. To interrupt a pathological habit is to give a chance of recovery; to control the fits is to limit the destructiveness of epilepsy." In several cases in which the nitrite of amyl was administered immediately after an aura the usual fit did not supervene, and in one case in which it was administered regularly three times a day, a series of fits from which the patient was suffering was abruptly interrupted. In rabbits, too, rendered artificially epileptic by Professor Ferrier, it was noted that the fit which invariably followed on electrical irritation applied to the exposed brain when no interference took place, was arrested by the inhalation of nitrite of amyl. "The result of all my experiments is to convince me," says Dr. Crichton Browne, "that it will be found invaluable in many cases in not only postponing but in altogether preventing epileptic seizures. The utility of an agent possessing this power can scarcely be exaggerated. It will, I believe, supersede other methods of attempting to avert the fit by acting upon indications afforded by the aura. Pressure upon, or ligature of a limb, section of a nerve trunk, or cauterization of the surface from which an aura originates have done good service in certain cases, in hindering the accession of seizures, but the nitrite of amyl appears to be a more ready and certain means for compassing the same end. A vinaigrette or small stoppered bottle containing a sponge soaked in nitrite of amyl and carried in the pocket, so as to be at hand on the occurrence of an aura, will, I think, be found a safeguard to many sufferers from epilepsy. Whenever there is time after the initiation of the aura, and before the development of the proper phenomena of the fit, to breathe the nitrite of amyl freely, the fit, with its terrible accompaniments and disastrous sequelæ, may, in many instances, be not merely postponed but abolished."

But there is another epoch in epilepsy besides the pause between the aura and the fit, when, according to Dr. Crichton Browne's experience, the nitrite of amyl may prove beneficial, that is, at an advanced stage, when the alarming condition, the *status epilepticus*, is developed. In ten cases of the *status epilepticus* the nitrite of amyl has been used, and eight of these have terminated in recovery. Under its influence several patients have rallied from what was apparently a hopeless condition. Whenever it is inhaled the breathing becomes freer, the circulation is relieved, and the seizures are diminished in frequency and severity. It appears to act with a directness and certainty that cannot be ascribed to any other remedy hitherto employed in the *status epilepticus*.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Boylston Prize this year was awarded Dr. WM. C. DABNEY, of Charlottesville, for his Essay on The Value of Chemistry to the Medical Practitioner. It is a carefully prepared exhibit of the numerous applications of chemistry to diagnosis, pharmacy and therapeutics, and ably sustains the writer's views.

——A writer in an English exchange gives some notes on the relative value of various

recent foreign works on therapeutics. Among others he mentions Nothnagel's *Arzneimittellehre*, which is very valuable from the full account it gives of the physiological action as well as the therapeutical employment of the German officinal remedies. Binz's *Arzneimittellehre* also gives the physiological actions of remedies in a more condensed form, and both of these are very serviceable and much to be recommended as supplementary to English text-books, in which the subject is either treated in the most cursory manner or not at all. Posner's *Handbuch der Klinischen Arzneimittellehre* is a book of the same kind as most English handbooks of therapeutics. Buchheim's classical work is out of print, and is not very easy to obtain second hand. Trousseau and Pidoux's *Traite de Therapeutique et de Matiere Medicale*, and Gubler's *Commentaire du Codex Medicamentarius*, are both works of reference; while Rabuteau's *Elements de Therapeutique et de Pharmacologie* is a convenient handbook, giving both the physiological action and therapeutic uses of drugs. The arrangement, however, is purely therapeutical; and the same substance is sometimes treated of in different parts of the book, some of its actions being considered in one place and some in another.

BOOK NOTICES.

An Essay on the Principles of Mental Hygiene. By D. A. GORTON, M. D. Philadelphia: J. B. Lippincott & Co., 1873. 1 vol., cloth, 8vo. pp. 22.

Dr. GORTON has chosen an excellent subject, one on which there is a real demand for full information. We wish we could say we have been satisfied in reading his treatment of it. In point of fact, we have not been at all so. To speak plainly, he fills his pages with too much twaddle from Emerson, and Buckle, and various sermons, to the exclusion of sound medical doctrine; and he serves up crude personal notions of his own, on religion and sociology, which are out of place. His own mind floats apparently in a vague medium between Emerson's mysticism and Maudsley's materialism, these being the two writers he is constantly quoting. Occasionally he introduces astonishing original observations, as this (page 158): "The religious character of Christ has *probably* no equal in beauty in human history"! (The italics are ours. We feel obliged to emphasize the author's caution).

In his talk about material laws "subordinating human volition" (p. 31), "holding the mind in subjection" (p. 17), presiding as destiny over the mind (p. 15), and so on, he makes the school-boy mistake committed by Buckle, and so repeatedly exposed, of confounding the ideas of natural law and human law. How often will it have to be repeated that natural laws carry with them no idea whatever of necessity or compulsion, but only *uniformity of sequence;* that, so far as they relate to sociology, they impose nothing on the volition, but are simply observed results of volition.

The general plan of the book is to treat first of mental influence on physical agents, then of the reciprocal influences of corporeal and mental exercises, then of moral and religious influences, and finally of marriage. We are sorry that we cannot praise the way in which this plan, a good enough one, is carried out; but it impresses us as unsatisfactory and inadequate to the last degree. More science and less sentimentality would have made it a better book.

A Manual of Midwifery, including the Pathology of Pregnancy and the Puerperal State. By Dr. KARL SCHRŒDER. Translated from the 3d German edition by CHARLES H. CARTER, B. A., M. D., B. S. Lond., etc. With 26 engravings on wood. New York: D. Appleton & Co., 1873. 1 vol., cloth, 8vo. pp. 388. For sale by Porter & Coates.

This work has met with a highly favorable reception in Germany, and it needs but a cursory inspection to see that it is a book of solid merit, the fruit of painstaking study and abundant original observation of the phenomena of obstetrics. In plan it is divided into eight parts, as follows: The bony pelvis, the physiology of pregnancy, of parturition, of the lying-in state, the pathology of pregnancy, the pathology and therapeutics of parturition, the special pathology of parturition, and the pathology of childhood.

The style is condensed but clear. No words are wasted, and an unusual completeness of treatment is gained by a careful disposition of subordinate facts. Theories on disputed points are given with great brevity. At the close of each section full references to the literature of the topic under consideration

are inserted. The illustrations are not a conspicuous feature. For a text-book they might have advantageously been better and more numerous. So far as we can judge, the translation is faithful, and in most parts fluent and correct.

Lacerations of the Female Perineum; and Vesico-Vaginal Fistula: their History and Treatment. By D. HAYES AGNEW, M.D., etc. With numerous illustrations. Philadelphia: Lindsay & Blakiston, 1873. 1 vol., cloth, 8vo. pp. 141.

A portion of this volume appeared in the pages of this journal several years ago, and attracted considerable attention on account of the novelty of the procedures recommended and the satisfactory nature of the results accomplished. Subsequently the author contributed a supplementary paper on the same topic to a volume of the Pennsylvania Hospital Reports, and in the present publication he has united these essays and placed them in a shape more accessible to the general professional reader.

The volume is abundantly illustrated, with full descriptions both of the surgical sections and the instruments employed. The labors of Professor AGNEW in this branch are so well known and highly esteemed that any descriptions of his method in this place is unnecessary.

Transactions of the Medical Society of the State of Pennsylvania at its Twenty-fourth Annual Session, June, 1873. 1 vol., paper. pp. 314.

On the whole this volume is rather deficient in interest compared with former ones. Of the scientific articles we have previously referred to Dr. WM. GOODELL'S comprehensive summary of gynæcology. Dr. BENJAMIN LEE calls attention to whooping cough as an occasional cause of spinal caries. Dr. LAURENCE TURNBULL gives statistics of 291 cases of diseases of the ear.

Nineteen county societies sent in reports. They are generally meagre. Dr. BETZ, of Cumberland County, contributes some practical remarks on thermometry in typhoid fever. The report from Lycoming contains a number of cases well described. That from Philadelphia County is chiefly meteorology and statistics. That from Schuylkill County contains observations on small-pox and miscellaneous diseases, and evinces care in preparation. Besides these, there are none meriting special comment. The report of the Committee on Compulsory Vaccination is not satisfactory, either in its statements or its theories, and does not bear criticism. That the failure of vaccination to protect as efficiently as it did in Jenner's time is owing to the depreciation of humanized virus is a narrow, and, we may say, an exploded view.

Transactions of the Minnesota State Medical Society, 1873. Paper. pp. 119.

The principal articles in this volume are Insanity as a Symptom of Brain Disease, by Dr. C. K. BARTLETT; the Relations of Physicians to the Public and Each Other, by Dr. W. W. MAYO, the President; Tests for Arsenic, by Dr. FERDINAND LESSING; Catarrhal Inflammation as an Element in Uterine Disease, by Dr. FRANKLIN STAPLES; Phthisis as Related to Syphilis and Scrofula, by Dr. H. C. HAND, of St. Paul; reports on Obstetrics, on Surgery, on Diseases of the Nervous System, and on Practical Medicine.

The Student's Guide to Medical Diagnosis. By SAMUEL FENWICK, M. D., F. R. C. P., etc. From the third revised and enlarged English edition. With illustrations on wood. Philadelphia: Henry C. Lea, 1873. 1 vol., cloth, 8vo. pp. 328.

The occasion of the production of this book was to assist students in attendance on the author's clinical lectures at a London hospital. It is elementary, concise, free (as far as practicable) of technical terms, and includes all the more common diseases. The classification adopted is that of organs, the order being diseases of the heart, lungs, throat, kidneys, liver, stomach, abdomen, and brain; then fevers, rheumatism, gout, and diseases of the skin. The morbid anatomy of each is briefly described, with an eye to use in post-mortems; and then the leading symptoms are stated, one after another, with their significance, both as to what diseases their presence excludes and renders probable. This is probably as convenient an arrangement for a student as can be devised, as it is simplicity itself, and also has the advantage of impressing on his mind the relative importance of the symptoms themselves. Instrumental diagnosis is not much represented. The wood cuts are chiefly of pathological lesions, many of them representations of microscopical sections.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 25, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE LAWS OF EPIDEMICS AND PREVENTIVES.

The eminent botanist of Geneva, ALPHONSE DE CANDOLLE, has recently written a work entitled *Histoire des Sciences et des Savans depuis deux Siecles*, which has a peculiar interest to physicians. His object in writing it is to display the laws of inheritance and selection in their action on the human species, and his breadth of views, profound knowledge of natural science, and charming style, render it one of the most attractive books we have got hold of in a long while.

One of the essays in it we wish particularly to bring to the notice of thoughtful medical men, namely, the sixth, which is entitled, "On the necessary alternation in the intensity of maladies, and in the value of preventives, such as vaccination."

It must have impressed every one of our readers, and even the general mind of the public, that the recent epidemics of small-pox in America and Europe are hardly to be explained by the neglect of vaccination. Indeed, very generally, the theory has been advocated that the Jennerian virus has "run out," or exhausted itself somehow, and a general recourse was recommended to "bovine virus," a recommendation in which this journal did not sympathize nor aid, because all proof of its necessity was wanting, as we have repeatedly demonstrated.

Certainly the prevalence of small-pox was not altogether accounted for by neglect of vaccination. A better explanation is possible. Medical history shows that the first visit of an epidemic is the most severe, and that it diminishes in intensity from generation to generation. This is because the constitutions most predisposed to its fatal attacks succumb at the outset, and by a process of natural selection, those least so transmit their immunity to their children. Atavism develops occasionally great liability to the morbid influence, and such individuals are again removed by the disease. At length, not enough predisposed persons remain in a community to furnish food for the epidemic.

Now, if a preventive measure, such as vaccination, is employed, it, combined with the result of natural selection, materially hastens this immunity. So it was with this means. When first used, Europeans had been for so many generations exposed to the poison of small-pox that, thanks to the principle of selection, they could resist tolerably well its effects. Vaccination rendered the disease for two generations really very rare. Many individuals who, through atavism, had inherited a fatal liability to it, were never exposed. Their children received from them this liability; until there were in the present generation very many far more sensitive to the variolous poison than in Jenner's days. On them vaccination has a less protective power than on others, and a certain recrudescence of the epidemic was sure to manifest itself.

These alternations in the fatality of epidemics and the efficacy of preventives will be more plainly visible in proportion as the disease is more fatal, and the more liable to attack children. Hence, it is seen clearly in the periodic epidemics of diphtheria, which sweep over the land with intense malignity about every other generation, weeding out

most of those children who, by atavism, have been born with a peculiar susceptibility to its poison.

There is no occasion in the recognition of this law to find cause for depreciation of vaccination as a prophylactic means. We learn its limits, and understand all the better its positive efficiency within these limits. But the lesson bids us beware of that presumption which might lead us at any time to think that in this or in any other preventive means we have discerned an infallible and absolute method to stamp out a disease once and forever. Any such idea is the product of a defective knowledge of the laws of the human constitution, and of the general principles of evolution as applied to organic bodies.

Notes and Comments.

Sanitary Condition of Memphis.

It would seem that the sanitary condition of Memphis was such as to invite the terrible visitation of yellow fever that it is now suffering from.

In an article discussing the character of the malignant fever in Memphis, Tenn., which attacks whites and blacks with equal severity and fatality, the Memphis *Appeal* says: "We have no system of sewerage in Memphis, and the necessary consequence is that the filth of the city is left to take care of itself. Our sanitary police consists, for the most part, of some half dozen of the chain-gang, who occasionally do little more than emancipate the confined odors of the kennels of Main street, and give wings to imprisoned effluvia. Our alleys and obscure streets are left to the rag-pickers, to porcine and canine scavengers, to cleanse them of their superfluous foulness, and were it not for the rains of pitying heaven, would of themselves give abundant employment to our undertakers and grave diggers. And yet these are the least of the objectionable features touching the violation of the laws of hygiene in Memphis. Nearly every family in the city is dependent upon a cistern for its supply of water; nearly every cistern is in the same yard, in close proximity to, and generally in a direct geographical line with, the privy. No intelligent man need be told of the percolative and absorbent qualities of the earth, and no Memphian need be reminded of the difficulty of finding cistern water in the city free from the impurities of animalculæ induced by decomposition. The train of evils following these disagreeable truths will suggest themselves to the intelligent reader without further elaboration. The great question with us now is to apply the remedy, and no time is better to awaken the community to a proper sense of the situation."

Blood Granules.

We do not hear anything more of "Lostorfer's Corpuscles." But Dr. Reiss, in a recent number of Reichert's *Archiv*, says that on examining the blood of patients in acute diseases, such as typhus and scarlet fever, he found numerous minute granules. Seeing them at first in such diseases, he thought they were probably fungoid in their nature; but, as he afterwards found them in cancer, phthisis, and emaciating diseases, and moreover observed that they are most abundant in the later stages of even the specific fevers, he concluded that their nature is different. He thinks that, in all probability, they are the products of the disintegration of the white blood corpuscles, and he would consequently name them disintegration corpuscles.

Correspondence.

Amputation in Aged Subjects.

Eds. Med. and Surg. Reporter:—

Dr. H. A. Spencer, of Erie, Pa., gives, in the Reporter of Oct. 11th, 1873, the report of a case of amputation, with recovery, in a patient 75 years of age. He reports the case on account of the age of the patient. A case of amputation of the leg, with recovery, occurred in my practice, in Erie Co., N. Y., in a patient aged 78 years and some months. On July 30th, 1867, I was called to see Mr. S. R. Russell, who had accidentally stood in the way of the knife of a mowing machine in motion, and one of his legs was cut off at about the junction of the lower and middle third. His son, who was riding the machine, had the presence of mind to grasp the stump, and, by compressing it with both hands, prevented bleeding. He held on while the patient was moved from the field to the house, and until my arrival, when I relieved him by application of the tourniquet, and proceeded at once to amputate. The patient was nearly killed by the chloroform, which was administered by an old physician

who happened to be passing, and was called in at the opportune moment. Stimulants, friction and artificial respiration revived him. Gangrene occurred in the stump after a few days, but yielded to bromine, Laborraque's solution, and yeast poultices. About three months afterwards, while trying to walk with crutches, he fell, striking on the hip opposite his injured side, and sustained an intra-capsular fracture of the femur. This did not kill him, and he lived until the Fall of 1872, when he died of epidemic acute dysentery.

R. J. Curtis, M. D.

Joliet, Ill., Oct. 14, 1873.

News and Miscellany.

Corrigendum.

On page 241, 1st column, first line, for *hyperasthenia* read *hyperæmia.*

The Trials of Woman Doctors.

Dr. Eliza Walker has resigned the post of house surgeon to the Bristol (England) Hospital, for women and children. In consequence of her appointment all the medical officers resigned. In her letter to the committee she says she is convinced that her resignation alone can relieve the management of the hospital from serious embarassment, and enable them to obtain the services of sufficient honorary medical officers. She regrets that she is compelled to take this step, not so much for herself as for the cause she represents.

An "Eminent" Physician in Louisville.

A physician of Vienna is stopping with a friend in Louisville, and thinks of locating there. The *Courier-Journal*, referring to this, pays the Louisville physicians a left-handed compliment, as follows:—

It is said that Dr. —— thinks of becoming a citizen of Louisville, and it is quite to be hoped that he will do so, as he would be quite an acquisition to the medical profession of the city. The doctors of the Old World, unlike too many of them in this country, are almost invariably men of education and culture.

We should not be surprised to learn that the "eminent Dr. ——" is an eminent quack!

—James Lewis Perkins, aged twenty-two years, eldest son of Dr. Lewis G. Perkins, of East Feliciana parish, went to Shreveport, at the end of August, to marry Miss Mattie Kirk, daughter of Mr. J. I. B. Kirk. The marriage took place on the 2d of September. Young Perkins was taken with the yellow fever, and died on the 11th, at his father-in-law's residence, in Bossier parish.

—At the semi-annual meeting of the Medical Association of the District of Columbia, held October 7, Dr. Flodoardo Howard was elected President, to fill the vacancy occasioned by the death of Dr. Thomas Miller. Dr. William G. Palmer was elected Vice President, to fill the vacancy occasioned by the election of Dr. Howard to the office of President.

—Miss Mary F. Wadsworth, M. D., who went to Constantinople a year or two ago, under the auspices of the Woman's Mission Board, has married a Protestant Russian physician, severed her connection with the missionary board, and removed to Broosa, where, with her husband, she is practicing her profession.

—Any one who visits Chilwald, England, can read in the cemetery the following epitaph:—

"Here lies me and my three daughters,
Brought here by using Seidlitz waters.
If we had stuck to Epsom salts,
We would'nt have been in these here vaults."

OBITUARY.

DEATH OF DR. BERESFORD.

Dr. Samuel Barwick Beresford died in Hartford, Conn., October 13th, aged sixty-seven years, after a protracted illness. Dr. Beresford came to Hartford with his father, who was a physician, more than forty years ago, from Bermuda, they being passengers in a brig which sailed from the port of Hartford. He was educated to the practice of medicine at the University of Edinburgh, and his professional services, after he became well established here, were extensively sought both in Hartford and through the State. He was consulted for advice by leading physicians and surgeons, and was generally recognized as among the leading practitioners of New England. In all his practice he made no distinction between calls from the rich and poor, promptly answering the summons of those in distress, however limited their pecuniary resources, and scores of the poorer classes in Hartford are living to-day who can bear testimony to his kind-hearted ministrations and generosity.

Outside of his profession, also, he displayed the characteristics of a cultivated gentleman. He was a devoted admirer and an extensive patron of art, and leaves behind him a rare collection of paintings and treasures of art which give testimony to his careful judgment and refined taste. It is doubtful if any man in the State surpassed him in his critical knowledge of art matters, more especially in all that related to the works of the masters.

Dr. Beresford went to Europe about two years ago for the benefit of his health, but returned suffering more prostration than when he left. Since then he has declined.

He leaves a wife and two daughters.

DR. WILLIAM HYDE,

Son of Dr. Wm. and Rhoda Hyde, was born at Stonington, Conn., October 27th, 1808; there he

lived, and there, September 25th, 1873, he died. His early education was received at the Military School in Middletown, Conn. He began the study of medicine, at the age of seventeen, in his father's office; attended three courses of lectures at the Harvard Medical School, and graduated from that institution in 1830, the subject of his inaugural thesis being Puerperal Fever.

He immediately began the practice of his profession in company with his father, and rapidly won the confidence and esteem of the community. In 1841 he was attacked with pleurisy of the left side, from which he recovered with an imperfectly expanded lung and a considerably retracted chest-wall. From this time forth he was never quite well, and almost to the day of his death he labored on in his profession under physical embarrassments and sufferings which would have dismayed most of his patients, and in a manner which made him almost a marvel to his most intimate friends. His habits of close observation, his strong medical common sense, and his growing skill in therapeutics, had already gained him a more than local reputation, and he began to be frequently called in consultation to neighboring villages.

As foreshadowed in his thesis, his attention was specially drawn to woman and her diseases, and although ill-health for many years prevented him from doing much night work, his list of obstetric cases contains examples of nearly every variety of dystocia, while in the sister branch, gynæcology, no physician in that section was so well or so favorably known as Dr. HYDE.

Dr. HYDE was a decidedly progressive and practical man. Possessed of an inquiring mind, and clear reasoning powers, he was quick to appreciate improvements, and kept himself constantly posted up, especially in matters pertaining to diagnosis and therapeutics. In several points of treatment he early adopted independent views which have been since confirmed by the profession at large, and it is to be regretted that the demands upon his time and feeble energies were so constant and so urgent as to have prevented him from putting upon paper the results of his wide experience.

He twice represented his town in the State Legislature, in 1849 and 1850, and while there obtained the charters of the Stonington Cemetery Association and the Stonington Savings Bank. He was the highly valued president of the latter institution from its beginning, and of the former from 1861 until his death. The cemetery grounds, where his remains now repose, present numerous evidences of his good taste and loving interest.

MARRIAGES.

BLOOD—GARDNER.—In New York, Oct. 9th, by Rev. Dr. J. Flagg, at the residence of the bride's parents, O. Howard Blood and Lulu H., daughter of Dr. A. K. Gardner, all of that city.

BURNETT—HODGSON.—On the 17th of September, Swan M. Burnett, M. D., of Knoxville, Tenn., and Miss Fannie E. Hodgson, late of Manchester, England.

COBB—GRAY.—At the residence of the bride's parents, at Cambridge, N. Y., Oct. 8th, 1873, by Rev. George T. Rider, M. L. Cobb, of Sing-Sing, N. Y., and Annie, daughter of Dr. H. C. Gray.

DAVIS—MCCAY.—September 25th, in the Presbyterian church of Blairsville, Pa., by the Rev. James Davis, assisted by the Rev. George Hill, D. D., Thomas D. Davis, M. D., of Dayton, O., and Lizzie D. McCay, daughter of the late Rev. David McCay.

GERHARD—PEPPER.—In this city, Oct. 4th, by the Rev. E. A. Wolf, at St. Mark's Church, P. Gerhard and Maria, daughter of the late Wm. Pepper, M. D.

HANDS—BEACH.—October 2d, 1873, by the Rev. Linus Parker, at the residence of Dr. E. D. Beach, the bride's father, Mr. George T. Hands, of Baltimore, Md., and Miss Mary E. Beach, of New Orleans.

KINNE—SMYLIE.—Oct. 1st, at the house of the bride's father, James M. Smylie, by Rev. A. L. Brice, assisted by Rev. J. L. Hurlbut, Porter S. Kinne, M. D., of Paterson, N. J., and Amelia B. Smylie, of Lake View, N. J.

MCCORMICK—WOODBURY.—September 23d, by the Rev. E. W. Goodspeed, D. D., A. Y. McCormick, M. D., of Fowler, Illinois, and Fannie, only daughter of W. H. Woodbury, Esq., of Chicago, Illinois.

RESTELL—SHOTWELL.—Oct. 1st, at Newport, R. I., by Rev. H Stuart, Irving Restell, M. D., of Washington, D. C., and Gussie Shotwell, of New York.

THORP—SELLEW.—Oct. 2d, at the residence of the bride's parents, in Avondale, Cincinnati, by the Rev. C. R. Boynton, Dr. Abner L. Thorp and Emily Munson Sellew, daughter of Wm. Sellew.

DEATHS.

BOWMAN.—At Muncy, Penna. October 4th, 1873, Eleanor G., wife of James M. Bowman, and eldest daughter of Dr. J. H.T. and Elizabeth Ann Cockey, of Rye, N. Y.

BUSH.—Dr. Dudley Bush, of Lexington, Ky., eldest son of Dr. Jas. M. Bush, the eminent surgeon, died on the 1st inst.

BUNKER.—At the residence of her parents, Carthage, Ohio, Sept 30th, Helen Grace, infant daughter of Dr. W. H. and Angeline C. Bunker, aged 9 months.

CASE.—Suddenly, in Albany, N. Y., Oct. 5, Anna, widow of the late Dr. J H. Case, in the 63d year of her age.

CORSON.—Oct. 6th, A. Clarke Corson, M.D., aged 24 years. Buried in Hartford, Conn.

DOBBIDGE—At Orange, N. J., on the 10th inst., Henry A. Dobbridge, M.D.

EVERSFIELD.—Oct. 5th, at North Conway, N. H., Dr. Charles Eversfield, Medical Director United States Navy.

FARLEY.—In this city, on the 13th inst., Dr. Wilson Joseph Farley, in the 66th year of his age.

GILLANE.—In Cincinnati, Oct. 2d, Dr. P. T. Gillane, aged 37 years.

GRISWOLD.—The Cincinnati papers report the death, on the 6th inst., of Dr. Wayne Griswold, one of the eminent physicians of Ohio.

HADLOCK.—In Cincinnati, October 6, at 1 o'clock, A. M., after a painful illness of two and a half months, Mary E., wife of Dr. J. W. Hadlock, aged 32 years.

JONES.—In New Orleans, Oct. 10th, 1873, at 4 P. M., Dr. James Jones, born in Georgetown, D. C., and a resident of that city for the last forty-two years, aged 65 years, 10 months and 22 days.

REVERE.—Oct. 6th, at Tours, France, Dr. Fred. B. Revere.

RICHARDSON.—Died, in Hamlet, Chautauqua Co., N. Y., Oct. 7th, Ethel Mary, daughter of Dr. Abner S. and Phebe M. Richardson, aged 5 months and 7 days.

ROBINSON.—August 31st, near Bethel, Harford Co., Md., Dr. Joseph Robinson, in the 39th year of his age.

SCHMOELE.—In this city, on the 2d inst., Catharine K. Lynd, wife of Dr. Wm. Schmoele.

VAN VLECK.—At his residence, in the City of Hudson, County of Columbia, N. Y., Oct. 2d, 1873 Dr. Henry H. Van Vleck, in the 63d year of his age

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I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FREY, M. D., *Perry, Iowa.*

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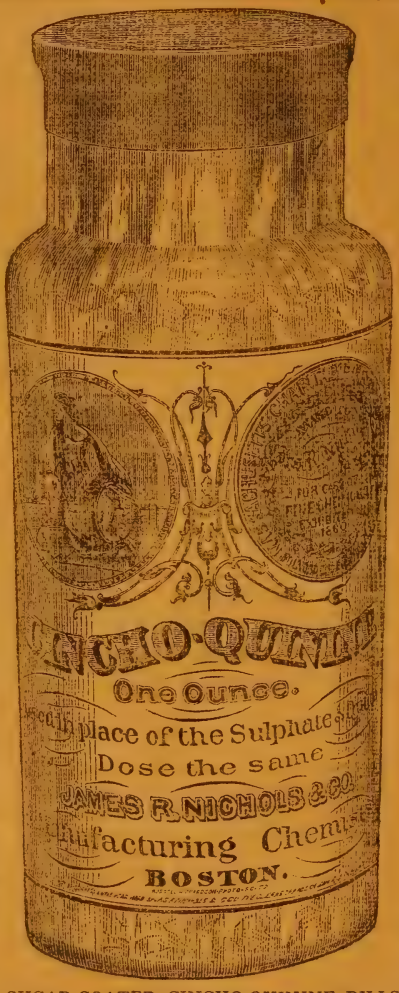

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BY S. W. BUTLER, M. D.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 870.] PHILADELPHIA, NOV. 1, 1873. [Vol. XXIX.—No. 18.

Original Department.

Lecture.

CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Lecturer on Clinical Medicine in the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

Diagnosis and Treatment of Abdominal Aneurism.

Gentlemen:—In my last lecture I spoke to you of the pathology of aneurism in general, and presented to you a recent specimen in which the abdominal aorta was affected. In narrating the history of the case, I pointed out to you the difficulty which had attended the diagnosis; and, indeed, in many cases it is hard to recognize with certainty the existence of an abdominal aneurism. Let us dwell upon this point a little more fully. Wherever an aneurism is seated it may give rise to two sorts of symptoms. One group embraces all the physical signs which are directly connected with the tumor itself. These are the form of the tumor, pulsation, thrill, dulness on percussion, and aneurismal murmur on auscultation. The other group comprises what may be called the rational symptoms of aneurism; those which are due to the influence of the tumor upon adjacent parts. It is always necessary to study with great care both of these kinds of symptoms. But you will find that they are by no means present in all cases to an equal degree. Thus, in cases of external aneurism, the surgeon relies almost entirely upon the physical signs, and has scarcely any rational symptoms from the pressure of the tumor on the surrounding parts. On the other hand, in cases of aneurism of the arteries within the skull, we can very rarely detect any physical sign, and must make our diagnosis chiefly from the symptoms of pressure upon the brain or some of its nerves. In case of thoracic aneurism, we sometimes find the physical signs distinctly present, while at others these are obscure, and we must rely upon the symptoms caused by the pressure of the tumor on the important structures within the chest.

Let us now study the two sets of symptoms as they apply to abdominal aneurism. I have already told you that the most frequent seat of the tumor is in the epigastrium, just below where the aorta passes through the diaphragm. Less frequently it is seated lower down in the course of the vessel. The size of the tumor, as felt through the abdominal walls, varies greatly. In some cases it can be detected while no larger than a hen's egg; in others it has gained a much larger size before it is positively recognized. It is usually oval or rounded, and gives a sense of elastic firmness. Pulsation can usually be detected, and it will particularly be observed, if the tumor be grasped by the fingers, that the pulsation is attended with a sense of enlargement and lateral expansion, instead of being a mere up and down movement. The presence of a thrill in the tumor is a very valuable sign, but it is not a very constant one. So, too, dulness on percussion over the tumor is often absent, owing to the interposition of coils of intestine. Auscultation is best practised by means of a stethoscope. It must be borne in mind, in using this, that it is easy to develop a mur-

mur in any healthy aorta by compressing it against the spine. We must therefore be careful to exert only so much pressure as will bring the end of the stethoscope closely over the vessel at the spot where we suspect an aneurism. The symptoms of pressure caused by abdominal aneurisms are quite few, on account of the mobility of most of the adjacent organs, and the yielding nature of the abdominal walls. The chief symptom of pressure is pain. This is usually referred to the back, at a point corresponding to the position of the aneurism. Very often there is with this some stiffness of the back felt on bending or turning. Frequently, also, there is pain in the course of some of the spinal nerves, as the ilio-hypogastric, ilio-inguinal, or genito-crural, which are compressed by the tumor. Where the pressure upon the spine is severe, it gradually leads to absorption of the soft bodies of the vertebræ; and this may go on until the spinal canal is opened and the cord compressed, causing more or less complete palsy of the legs. In some cases the tumor grows backward so strongly that it causes a prominence on one side or other of the spine. Another occasional result of the pressure is obstruction of a ureter (usually the left). The position of these aneurisms is such that they must often press upon the great abdominal ganglia of the sympathetic nerve. This probably causes disturbances of various organs, which we cannot accurately estimate. There are two symptoms, however, which I particularly mention, because in the cases where I have observed them (see article in Philadelphia *Medical Times*, Feb. 18, 1871, p. 170) they seemed of diagnostic value. These are profuse sweating, and marked constipation of the bowels. You will learn, when I come to speak to you of thoracic aneurism, that sweating of the head is sometimes caused by pressure of the tumor upon the cervical ganglia of the sympathetic; and I believe that sweating of the trunk and limbs is sometimes a symptom of abdominal tumor due to pressure on the semi-lunar ganglia. The most important of the symptoms we have been discussing are, the presence of a pulsating tumor, which may be the seat of thrill and murmur, and pain. Still it sometimes happens, owing to the large amount of clots which line the sac of the aneurism, that there is neither pulsation, nor thrill, nor murmur. You will remember that this was the case with the patient from whom the specimen I showed you was obtained. In such cases it may be difficult to tell whether we have to deal with an aneurism or a solid tumor of the lumbar lymphatic glands, or even of the left kidney. Sometimes, too, a solid tumor, as of the pylorus, or of the head of the pancreas, will lie over the aorta and receive a pulsation from it, and thus simulate an aneurism. You will be able to distinguish them, however, by attention to these points: the pulsation is a mere up and down movement, with no sense of lateral expansion. Then, also, if the patient be placed upon his hands and knees, it will be found that the pulsation of the tumor has diminished or disappeared, because in that position of the body it falls away from the aorta, whereas, were it an aneurism, the change of posture would not affect the pulsation. Such tumors, also, are not the seat of either thrill or murmur, and finally, their presence is marked by decided disturbance in the function of the organ affected. I hope that, by attention to the practical hints I have above given you, you will find it easy in most cases to diagnose abdominal aneurisms.

I will say but a word in reference to the prognosis and modes of termination in this disease. Despite the introduction of modes of treatment which promise more favorable results than have hitherto been obtained, the prognosis is very unfavorable. Death results in some cases suddenly, from the rupture of the sac. You will remember that this happened in the case of the aneurism which I have showed you, and that death followed very rapidly from the profuse hemorrhage. In other cases the patient dies exhausted by long suffering, or from the destruction of the bodies of the vertebræ and pressure upon the spinal cord.

Treatment.—In the treatment of external aneurisms, the surgeon has the enormous advantage of the artery being accessible, so that in most cases he can operate either by ligature or by compression. But in cases of internal aneurism it is usually impossible to do either. Recourse has, therefore, been had to the most varied modes of treatment. I cannot say, however, that clinical experience has shown that any of these are of much value — either those which aim at lowering the circulation, so as to favor the solidification of the tumor by clots (as repeated bleedings and arterial sedatives), or those which, like acetate of lead, are

given with the view of rendering the blood more disposed to coagulate. It is true that we must use drugs like aconite and veratrum viride to control any excessive action of the heart. I have some faith, also, in the prolonged use of full doses of iodide of potassium, which, as recent experience has shown us, has some favorable effect upon the course of internal aneurisms. And I would therefore recommend strongly that this mode of treatment should be fairly tried in all such cases. But I am happy to be able to tell you, also, that very recently it has been proved that aneurisms of the abdominal aorta can be successfully treated by mechanical means in some cases. Of course, the only way in which a cure can be effected in an aneurism, is by causing such firm clotting of the blood in its sac as will entirely obliterate it. There is no reason why such obliteration of the abdominal aorta, if it can only be secured, should of necessity be followed by death. There are cases on record where congenital obstruction of the aorta has existed, where collateral circulation has been established between the arteries given off from above and from below the point of constriction, and where the subject has lived a number of years. Accordingly, the ligation of the abdominal aorta has been performed in a number of cases for various causes, but, unfortunately, in no instance with successful result. In 1864, Dr. William Murray, of England, published a case of successful treatment of abdominal aneurism by compression of the aorta above the seat of the tumor (*Medico-Chirurgical Trans.*, 1864). More recently (id. op., vol. lv., 1872, page 213) a second equally successful case has been published by Drs. Moxon and Durham, of London. The compression was effected by an abdominal tourniquet, and was maintained for ten hours and a half, the patient being kept under the influence of chloroform. The effect of this treatment was to instantly diminish very greatly the pulsation of the tumor, and was gradually followed by its entire disappearance. In both of these cases the aneurism occupied the lower part of the abdominal aorta. This mode of treatment evidently could not be applied to the more frequent cases, where the aorta is affected just after it passes through the diaphragm. But here there is reason to hope that *distal* compression of the aorta (that is, at a point below the seat of the tumor) may prove as efficient as *proximal*. Of course, before employing such treatment you would carefully study all its details, as given by the authors above referred to. But it is certainly a matter of sincere congratulation that in at least some cases of abdominal aneurism we shall, in future, be able to employ a rapidly successful mode of treatment, instead of regarding them as leading inevitably to the patient's death.

Communications.

THE EVIDENCE OF LIFE IN THE NEWLY-DELIVERED CHILD.

BY WM. B. ATKINSON, M. D.,
Physician to the Department of Obstetrics and Diseases of Women and Children, Howard Hospital, Phila., etc.

My opinion having recently been asked as to the fact of a child having life at delivery, in a case involving a large estate, I have been led to investigate the subject, and collate the views and opinions of authorities on this delicate and important point.

First. What are the indications of life?

Before delivery the fœtus possesses circulation without respiration. While this continues, and while the heart maintains its action, the fœtus lives and carries on all the functions of embryonic life. The cessation of the heart's action, and consequently of the circulation of the blood, marks the death of the child, and decomposition soon commences.

So long as pulsation continues in the cord, the fœtus, though inaccessible to the touch, is regarded as possessing life. This belief is so well established that all obstetricians hesitate in the performance of certain operations which may be rendered necessary by malformation of the pelvis, or malposition of the child, when said operation must necessarily lead to the destruction of life in the child. Indeed, the Roman Catholic Church provides for the baptism of the undelivered child under such circumstances, and does not hesitate to pronounce such an infant as saved if the ceremony is performed while such pulsations are known to exist, however feebly they may occur.

Now, if the fœtus is living so long as pulsation exists, may we not equally claim it as alive if such pulsation exists after delivery, even though respiration has not been established, or even attempted.

Upon this point obstetrical authors main-

tain a remarkable silence. In works on Medical Jurisprudence we find more light thrown upon this intricate and important matter. Beck says: "There are two ways in which a child may be born. When born, the cord may be pulsating, *showing that it is alive*, and yet it may not respire. In this state it may continue for a sufficient length of time to die from natural causes, or in consequence of criminal interference, before respiration has commenced."—*Beck's Med. Juris.*, eleventh ed., 1860, vol. I., p. 494.

Taylor tells us: "It was formerly supposed that if the lungs contained no air the child could not have respired, and it must have been born dead. But neither of these views is correct; children have been known to respire faintly, and continue in existence many hours without visibly distending the cells of the lungs with air; the absence of air from the lungs, therefore, furnishes no proof either that respiration has not been performed, or that the child has not lived. (G. H. Rep., April, 1842.) That our law authorities will admit evidence of life in a child before the establishment of respiration, is clear from the decision of Judge Parker in the case of *Rex vs. Brain*, in which he said that a child might be born alive and not breathe for some time after its birth (*Archbold Crim. Plead.*, 367), as also from the charge of Mr. Justice Coltman, in the case of *Rex vs. Sellis* (*Norf. Spr. Cric.*, 1837). In this instance it was alleged that the prisoner had murdered her child by cutting off its head. The judge told the jury that if the child was alive at the time of the act, it was not necessary, in order to constitute murder, that it should have breathed. In fact, it would appear that respiration is regarded as only *one* proof of life, and the law will, therefore, receive any other kind of evidence which may satisfactorily show that the child has lived."—*Taylor's Med. Juris.*, p. 324.

Cases are also on record going to show that the law would regard it as willful murder, if respiration were prevented.

On further research it would appear that the civil rights appertain to a child born, though it has not yet breathed.

Taylor again tells us (p. 428): "The pulsation of a child's heart, or even the spasmodic twitching of the muscles of its body, is regarded as a satisfactory proof of live birth. The latter sign has been judicially so pronounced, *a fortiori*, therefore, the motion of a limb will be considered good evidence, in an English Court of Law, of life after birth."

Provided these manifestations of the presence of life are undoubted the time during which they continue is not material.*

Taylor mentions a case (*Fish vs. Palmer*), tried in the English Court of Exchequer in 1806, where the plaintiff's wife, possessed in her own right of landed estate, died after delivery of a child, supposed at the time to have been born dead. The estate was claimed by Palmer, her heir-at-law, and surrendered by Fish in consequence of his not having a living child by his marriage. Subsequent information led to the belief that the child was born alive. In the action which was brought to recover the estate, Fish produced evidence to show that the physician who attended his wife (since deceased) had declared that the child was living an hour before it was born, and when it was born he had it immediately placed in a warm bath by the nurse. It did not manifest any signs of active existence, yet the two women who attended it swore that there appeared twice a twitching and tremulous motion of the lips. It did not exhibit any further signs of existence.

The question next arose, whether this was sufficient evidence of the child having been born alive?

The medical men differed. Two gave it as their opinion that had the vital principle been extinct there could have been no muscular action in any part of the body, therefore it had been born alive, or manifested life after its entire birth. One demurred, and attributed this motion of the lips to the remains of intra-uterine life.

The jury, under the charge of the Court, pronounced the child to have been born alive, and the plaintiff recovered his estate.

All physiologists would readily acknowledge that such movements could not occur in a body devoid of life; that they must be due to the presence of some vital power.

Casper's Forensic Medicine really throws no light upon the subject. He quotes the General Common Law, part i, Tit. 12, § 13. The *live birth* of a child is to be held proven, when it has been heard to cry by witnesses of unimpeachable veracity, present at its birth. This is all. The subject is not again alluded to.

*"A child which survives entire birth for a single instant, acquires the same civil rights as if it had continued to live for a month longer." *Taylor, op. cit.*

In the last edition of *Wharton and Stille*, vol. ii, p. 100, we find the following: "It is important to bear in mind that there may be *life without respiration.* The circulation may go on, and the child may make various muscular movements, after it is separated from the mother, without respiring; sometimes, owing to congenital feebleness, or to its being in an asphyxiated condition, it makes no effort to breathe; and again, all its efforts may be fruitless, from the obstruction of the fauces and larynx with viscid mucus. Hence, paradoxical as it may seem, a child may live and die without having breathed. . . . The attempt too strictly to define the essential conditions of life has led to some absurd conclusions. In Germany, a distinct vocal sound is required by law as the evidence of life. But this appears to be modified in practice by the substitution of breathing for vocal sound, and the doctrine is accepted that respiration and life are reciprocally evidences of one another." Hence, intra-uterine life is not life. This view is not tenable, when we consider the many instances of suspended respiration for a longer or shorter period, as in attacks of trance, or, what is of more frequent occurrence, of syncope.

There must be life, so long as even the feeblest circulation continues. In fact, this is demonstrated by the test by which to determine in cases of apparent death whether life is utterly extinct; a ligature placed around the end of a finger, by impeding the return of the venous blood, at once shows that circulation still continues in the capillaries, and hence that life has not entirely departed.

In the work just quoted instances are given to show the importance of this matter. In these cases, because of the presence of pulsation, even after the lapse of several hours, efforts at resuscitation were made and crowned with success.

Wharton and Stille (op. cit., p. 117) give, as one chief point that has been demonstrated, "that life for a brief period is compatible with absence of respiration."

In conclusion, with such an array of facts and opinions, we would most earnestly caution the profession against the careless habit which so frequently obtains, of reporting a child as *still-born*, merely because it lived but a short time after delivery.

We are firmly of the opinion that a large number, perhaps even a majority, of those reported among the still-births were living, even breathing, for an appreciable interval after their complete separation from the mother.

CINCHO-QUININE; ITS EFFECT ON VISION.

BY A. B. COOK, M. D.,

Late Professor of Surgery, Kentucky School of Medicine, Louisville, Ky.

Several months ago, through the Boston *Journal of Chemistry*, my attention was directed to the therapeutic value of cincho-quinine in malarial fevers. For the past four months I have prescribed it almost exclusively in intermittent and remittent fevers, both as an antiperiodic and prophylactic; and in various combinations with iron, nux vomica, etc., as a general tonic. I have administered the cincho-quinine to children, adults and old persons, and in my hands it has fulfilled all the indications claimed for it. I have usually prescribed it alone to thoroughly test its antiperiodic properties. I order it in the same doses and quantities as I did the sulphate of quinia, and find that a large quantity of the cincho-quinine is rarely necessary during the intermission or remission to arrest the paroxysm of fever. On careful inquiry I find it does not produce the unpleasant head symptoms which follow the administration of sulphate of quinia in full doses.

The point to which I wish to direct special attention is the effect of the cincho-quinine on vision when taken in sufficient quantity to produce its constitutional action, viz., *Cincho-Quininism.*

During August I had my usual annual attack of a low form of intermittent fever, characterized daily by slight chilly sensations, followed by fever of a mild type, and perspiration, the latter sometimes general, at others limited to a portion of the body, generally the lower extremities. I permitted the fever to go without treatment for several days, as I was anxious to give the cincho-quinine a fair test in my own person; and I was equally as desirous to avoid taking the sulphate of quinia on account of the unpleasant head symptoms which have always followed its use.

On Friday night, August 15th, I took five grains cincho-quinine, and five grains at eight and ten o'clock, A. M., August 16th, in all fifteen grains. Early in the afternoon of the same day I took up the daily paper to

read the news. After reading a few lines vision became imperfect; the letters appeared indistinct and running together; then looking from the paper and rubbing my eyes for a short time with the thumb and forefinger, vision was partially restored, but after reading a few lines the same blurring of the letters occurred. The same night, August 16th, I attempted to read, by gaslight, some articles in the MEDICAL AND SURGICAL REPORTER, and the same phenomenon occurred to such an extent that I was obliged to lay aside the journal; in fact, I could not see the letters; by next morning sight was perfectly restored. On Sunday forenoon, August 17th, I took five grain doses at eight, ten and twelve o'clock, ate a light dinner at two o'clock P. M.; about three o'clock I wrote prescriptions for office patients. I now discovered I had diplopia; the point of the steel pen appeared double; the letters were all double. After looking at the prescription a short time the writing became so blurred and indistinct that I could not distinguish a single letter. At night the same blurring, to a less extent, occurred on attempting to read by gaslight. Next day, August 18th, sight was perfectly restored, and there were no symptoms of fever.

In about one week we had cool nights and my old enemy returned. I promptly resorted to the cincho-quinine; five grains caused slight blurring of objects; ten grains very perceptible blurring, too much to read continuously; and fifteen grains produced diplopia with blurring between the two apparent objects.

While under the effects of the medicine I could detect no perceptible change in the pupils; nor did shortening or lengthening the focal distance of objects improve the sight. I had no ringing or buzzing in the head; there was slight nausea after taking some of the doses, but this may have been due to the condition of the stomach. For more than three weeks I have had no occasion to repeat the remedy, although the weather has been favorable for the development of malarial fever.

This effect of cincho-quinine on vision I regard as evidence of the constitutional action of the medicine, and call it *Cincho-Quininism*, and when produced the paroxysms of fever are as effectually arrested as they would be in similar cases from the administration of sulphate of quinia given to produce quininism.

My own personal experience of the effects of this comparatively new remedy induced me to investigate its action in several patients under my charge. I selected intelligent persons who had heretofore taken sulphate of quinia for the arrest of malarial fevers, and who knew the effects of medicine.

Case 1.—Mr. H—n, had been traveling in Southern Kentucky during the summer months; came to Louisville about August 19th; was weak and debilitated, suffering from intermittent fever, accompanied with bilious diarrhœa. Ordered cincho-quinine, fifteen grains daily, in five grain doses every three hours. The second day after having taken thirty grains, he received some business letters. When I made my visit next morning he informed me that the fever was broken and he felt better; but the previous afternoon his eyes were strangely affected; that he commenced to read his letters, and after reading a few lines the words became dim, and then looking more intently no letter or word could be distinguished. He rose from bed, washed his face and eyes, and tried to read again, with the same result; he then walked the floor, rubbed his eyes, and tried to read again, but vision soon became indistinct, and words became obliterated as before. When informed that I had experienced the same effects from the medicine his fear of blindness was dissipated.

Case 2.—Mr. H—s, mechanic, foreman in a shoe manufactory; remittent fever. Took fifteen grains daily for four days, then resumed work. The first day he worked he said everything appeared blurred, but otherwise was as well as could be expected.

Case 3.—Mrs. ——; intermittent fever. Experienced no dimness of vision after fifteen grains were taken.

Case 4.—Mr. W—e; intermittent fever. Had similar symptoms, dimness of vision, and blurring after taking fifteen grains daily for three days. He did not try to read until the third day. I do not know whether disturbance of vision occurred earlier.

Case 5.—Mrs. ——; intermittent fever. Ordered three doses, of four grains each, daily. The second day, on attempting to read, she informed her husband that her sight was affected; that the letters appeared indistinct and blurred. At the expiration of three weeks this patient had a severe attack of remittent fever, accompanied with obstinate bilious vomiting. The stomach would

retain no antiperiodic medicine. I ordered the cincho-quinine by enema in five grain doses, every two hours, until twenty or thirty grains were administered daily. The first day the medicine was given in a little tepid water and glycerine; after this, for three days, in a small quantity of Liebig's extract of beef, as the stomach would not retain either the antiperiodic or nourishment. The administration of cincho-quinine by enema in this instance produced similar effects on vision as when, three weeks previous, it was taken by the mouth; it also promptly arrested the paroxysm of fever in this type case of well marked bilious remittent.

Case 6.—Mr. M—s; intermittent fever. After taking the medicine in the usual quantity he had dimness of vision, blurring and diplopia, when he attempted to read.

Case 7.—Mr. M—r; intermittent fever. This patient had been subject to relapses every seventh day; he took ten or fifteen grains daily, for five days, without any disturbance of vision. A sudden change of weather and loss of rest caused a return of fever; he took forty grains in forty-eight hours, after which he had slight blurring of the letters, but not sufficient to interfere with his business, book-keeping. The irregularity with which he took the medicine accounts for the relapses.

Case 8.—A bright boy, six years old, after taking eight grains daily, for three days, told his father he saw two similar objects when looking around the room. From the effect produced on adults, I attributed double vision in this child to cincho-quininism, as the observation was made voluntarily and without any knowledge of the action of the medicine.

Since cincho-quinine will undoubtedly produce these disturbances of vision, varying from slight blurring to complete diplopia, the inquiry naturally arises, whether this result is due to any change in the nervous or vascular condition of the retina; or due to a direct action on the origin of the optic nerve; or due to a general action on the cerebrum? If the diplopia is traced to either of the above sources, will the prolonged use of cincho-quinine, in full doses, in any case of obstinate malarial fever, be likely to impair permanently the sight?

Perhaps some of our distinguished physiologists and ophthalmoscopists can enlighten us on this important question.

OPERATION FOR TRAUMATIC ANEURISM—FRACTURE OF LEG.

BY JAMES GUILD, JR., M. D.,
Of Tuscaloosa, Ala.

A country lad, by an awkward thrust of his pocket-knife, wounded the left radial artery. Profuse hemorrhage ensuing, his friends at once controlled it by applying a cord tightly to the arm. The wound rapidly healed, leaving simply a small hard cicatrix. Not until three weeks did the little cicatricial tumor begin to expand, and up to the date of the operation, a period of six months, it assumed by degrees nearly the proportions of a hen's egg. The operation consisted in tying the artery at its cardiac side; it was found impossible to ligate at the distal side, the aneurism being so low down, without a great deal of mutilation; however, the superficial volar and one interosseous vessel were secured. The tumor opened, was found intimately encased in thick cellular and fibrous coats; the contents, consisting of a closely compacted structure, were removed from its sac, like an orange being pressed with the fingers from its closely adhering peel.

Hemorrhage by regurgitation was promptly arrested by a compress retained *in situ* by a roller bandage. In three days the compress was removed and the wound found healing kindly.

In this case there are several points of interest that deserve mentioning.

First. The appearance of the organized grumous mass, after a gradual growth, with its beautiful stratification of laminated fibrine, arranged concentrically; the laminæ, of the thickness of paper, too numerous to mention; the strata representing so many efforts of nature to effect a spontaneous cure, without the intervention of art. Second. The condition of the artery at the cardiac side when exposed to view for ligation. It was with the greatest difficulty that its feeble pulsations could be detected, although its neighbor, the ulnar and the brachial artery, were well distended with blood. It seemed to lose its tonicity by the local shock, thereby rendered so empty and flaccid that it was quite a task to isolate it for ligation.

COMPOUND FRACTURE OF THE LEG.

Last December, a youth, aged thirteen, in felling a small tree, was caught under it and crushed to the earth, barely escaping with his life, as the butt fortunately hung upon

the stump and broke the fall. But the left leg doubled up under his body, fell upon the sharp edge of his axe, and received a gash of about three inches; at this point, in the middle third, both bones were fractured. The upper fragment of the tibia pierced the skin and penetrated the ground, the fibula with its jagged ends crossing each other, and lacerated the soft tissues terribly. Amputation was deemed absolutely essential by the attending physician, but conservative surgery was considered applicable and was adopted. So, by persistent extension and counter-extension, the tibia, entirely divested of about three inches of its periosteum, was well cleaned and nicely fitted back into its proper place; at the same time the ends of the fibula were brought apparently in apposition.

The wound was left open to give free vent to the profuse suppuration consequent upon the contused and lacerated tissues. The old fashioned fracture box, so convenient and comfortable, was used all through the treatment. The leg, with the wound healed, has made a good recovery, retaining its former length and shape. The entire integrity of the tibia was preserved, with the exception of the exfoliation of a thin section of bone, three inches long and one and a half wide, which was necessarily kept exposed at the wound.

This case demonstrates the fact of the recuperative power of bone, even when denuded of its periosteum; it is, if properly enclosed in the soft tissues, capable of preserving its vitality *per se;* and that the preservation of the periosteum, formerly regarded so indispensable, can be dispensed with in an emergency of this kind.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

October, 10th.

Uterine Tumor—Doubtful Character.

History. M. D., aged 41. For the last year has been complaining of marked debility, with occasional nausea and vomiting. Last winter had two hemorrhagic attacks from the uterus, and noticed that in the last one more water than blood passed. I thought, as indeed any one would, when I heard the history of the case, that it was malignant, beyond a doubt, and proceeded to make the examination with that conviction. When I passed my finger into the vagina it was obstructed by a mass as large as a fœtal head. This is in three portions, creaky and immovable. I now tried conjoined manipulation, by placing two fingers in the vagina, and the other over the abdomen, and found that it extended up into the abdominal cavity, irregular in outline, but in one mass. I endeavored to make out the os uteri but could not detect it. By very careful observation, I noticed a small opening which may be the os. Now the important question comes up, What is it? It is one of two diseases, which one I don't know. Either a strange form of fibrous tumor or malignant disease. If it is fibrous tumor it is contrary to all rule. It is curious for it to come so late in life. It is true that fibrous tumors of the uterus are by no means rare, but they manifest themselves earlier in life. Bayle, a British observer, says that twenty per cent. of all Anglo-Saxon women over thirty years of age have fibroids, and although in all probability this is exaggerated, it gives an index how common they are. In Africans they are much more so, for in autopsies where the cause of death is some ordinary disease, many fibroids will be detected.

Fibrous tumors, however, do not eat up the uterus as in this case. The marked emaciation coming on within a year, with the general cachectic appearance, point to malignant disease. If it is malignant disease, it is of a kind I have rarely seen.

I don't speak positively, for I have seen so few cases.

The diagnosis should always precede the treatment, but of necessity in the present case they must be reversed.

What can we do for the patient? Absolutely nothing. An operation would be worse than useless; medicine would be equally without avail.

I see the gentleman in the class who brought the patient here, and we will be able to get reports of progress during the session.

Ovarian Cyst.

A. B., aged 20, single. As we had a somewhat similar case here last week, I shall save time and run over the history quickly. As you see she is the picture of good health. Four months ago noticed a commencing abdominal swelling. Since that has menstruated every fortnight. This abdominal swelling is the only symptom we have. There are only two things which it could be, ovarian cyst and pregnancy. First as to pregnancy. Menstruation by no means settles this question, for it is a common thing with some. There are cases where patients have had amenorrhœa and lost blood from the uterus only during gestation. One of the best means to tell whether or not there is a child in the uterus, is to place the hand over the abdomen and keep it there a few minutes. This very often, though not always, settles the matter. In

this case there are no motions observed, neither are there any signs obtained by the stethoscope.

Ballotment is a valuable aid, but there is a variety of Ballotment more advantageous than Ballotment itself after the fourth month. This consists in carrying two fingers immediately in front of the cervix, and with the other hand press on the fundus of the uterus through the abdomen.

By this means we can soon find whether or not there is a body surrounded by fluid. One source of error is malignant disease of some of the internal organs with ascites, but the usual signs of emaciation will be present. In the present case, after the examination, the uterine sound was passed and the ordinary measurement was obtained.

It is an exceedingly favorable case for operation.

Coxcomb Granulations, or Bleeding Ulcer of Cervix.

Mrs. M., aged 23, married. Has one child 4 years of age. Since that time has been complaining of pain in back and side, with discharge of whites. Her periods last two or three weeks.

Physical Examination. On passing the finger up the vagina the cervix gives to the finger the sensation of passing it over a grazed raspberry. The granulations cover the whole of the lower part of the cervix. The os uteri is made out with difficulty. The uterus itself is normal in size. The suspicion at first is epithelioma, but she has had it four years, and my opinion is that it is not epithelionia.

It has been described as coxcomb granulations, or bleeding ulcer of cervix; but it is not an ulcer at all. It is an excessive development of granulations.

Treatment. What will we do for her? Local applications might be used for an endless period of time, and at a clinic, if the treatment be prolonged, patients get dissatisfied and leave. Therefore the treatment would be to remove the neck with the galvano-cautery. I have done this dozens of times and never had an accident; but this operation is merely to save time. Another one, which will do as well, is to introduce a glass speculum into the vagina and embrace the cervix with it. Then apply freely to the diseased portion strong nitric acid. This will produce a slough twice a week. The styptic colloid, which is collodion containing tannin, is to be applied to the granulated surface. This acts as an artificial cuticle and prevents friction with the vaginal wall.

Pelvic Peritonitis, with Retroversion of Uterus.

J. H., aged 37, married. Has four children and one abortion six months ago. Has been sick for six months. You will notice, gentlemen, that dating the disease from the last parturition is by no means a curious coincidence; it is the rule. As you see, she is marked by cachexia. She has severe pain over the abdomen, and it is only for the last six weeks that she has been able to walk about. Does not complain of backache.

Every time her bowels move experiences pain as severe as that of childbirth.

Physical Examination. There is nothing abnormal anteriorly, or laterally on introducing the finger, but posteriorly there is a hard mass shutting up the rectum nearly completely. This mass is exceedingly sensitive. On turning the patient on her side and introducing the sound, we find that the organ is retroverted, but there is a mass there greater than the uterus. It is pelvic peritonitis, with a large mass of exuded lymph holding the uterus like a vice. It is the peritonitis and not the retroversion that causes the trouble. The peritonitis, in all probability, is the cause of the trouble, but on the other hand it may be the reverse.

Trea'ment. In the present case operative procedures would be productive of great injury; any attempt now to replace the retroverted uterus would only increase the trouble. Time, and time only, will cure her. A frequent examination would possibly be of injury. The best thing the patient could do would be to enter one of the Hospitals, where she would have absolute rest, and remain there five or six months, but I know she will not do it. Hot vaginal injections might be of service, and if they are well borne should be continued, but not otherwise. Remove all pressure from the abdominal walls. In three or four years she will be so far improved as to have the uterus put in its place, but for the present she must remain as she is.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

DR. ERSKINE MASON, PRESIDENT.

October 8th.

Tumor of Breast—Electrolysis.

Dr. Crosby presented a tumor removed from the breast to-day, which, in some respects, favored malignant disease.* One of the axillary glands, which was considerably enlarged, was removed also. The glands of the axilla on the other side were slightly affected.

Seven months ago the patient had been subjected to electrolysis, by Drs. Rockwell and Beard, on different occasions, but the only result was slight diminution in size, with slight suppuration. Dr. Crosby was called in to see the case, and advised removal, which was done. He also advised that the wound be left open and thoroughly worked up by electrolysis, inasmuch as in other cases very satisfactory cicatrization was got by this means. At the request of Dr. C. the specimen was referred to the microscopical

* This was the only case presented.

committee, to determine whether or not it was malignant.

Two Cases of Empyema—Recovery, with Inspissated Pus in the Cavity of the Pleura.

A. B., aged 14. This boy, when he came under observation, gave signs of fluid in the chest, on the left side. He had been a newsboy around New York, and of necessity had been considerably exposed. No satisfactory previous history was obtained, but the thoracic signs made it needless. Treatment in the ordinary way proved of no advantage. It was decided to evacuate the contents by means of the trocar. At that time no signs of pointing or other indications of pus were discoverable. But when the trocar was withdrawn, the usual amount of purulent matter was removed, and the opening kept patulous by means of a pledget of lint. The boy now rallied day by day, the lint being removed to allow of the escape of pus. One day, however, the lint, as usual, had been introduced, but not very carefully, and the next morning it was found to have escaped from the wound, and, to make matters worse, the opening itself had closed. It was decided, however, to let the case look after itself for a few days, when, strange to say, the improvement continued, and in a very short time the patient was as active as ever. In this case there can be but little doubt that quite an amount of pus was retained in the pleura, which, in all probability, from the absorption of the fluid matters, became converted into a caseous mass. This case illustrates forcibly the fact brought forth by Dr. Austin Flint, at the Academy of Medicine, in New York, of the wonderful tolerance of disease that some patients possess.

Empyema—Death—Improved Means of Washing out the Cavity of the Pleura.

This case presents one or two points of special interest, the first being the analogy the case presented to one of thoracic aneurism, and the other the benefit derived from a continuous flow in washing out the cavity of the pleura.

M. F., aged 28. The patient was confined of a child at full term, the labor being in every respect normal. A few days after pleurisy developed itself, but was not clearly diagnosticated, from the fact that proper attention was not drawn to the case by the patient. The first sign that did attract attention, however, was a pulsating tumor, of about the size of a pigeon's egg, above and within the left nipple. The pulsation corresponded to the contraction of the heart. On placing the finger over it, and pressing down, there could be detected an opening through the chest wall. The first suspicion was aneurism of the aorta, but from absence of bruit and displacement of the heart it was decided to be empyema. The chance of the patient's life, if it were pus, rested on its early removal, which was done. The trocar was introduced at the usual location in the side posteriorly, and after a moment of suspense pus appeared. The discharge continued very freely, but it was impossible to remove the whole of it even by pumping in warm water and then reversing and pumping it out again. This was completely got over by devising, with two glass tubes, an instrument to act in a manner similar to a double catheter, then, by attaching this to a modification of Thudichum's douche, a continuous stream of warm water, or any medicated solution, could be carried into the pleura. The method used in the above case was to get a quart bottle of water, of a temperature ranging from 95° to 100° Fah., introduce into it a syphon, readily devised with an ordinary rubber tube, elevate the bottle, and in a few moments all trace of pus disappeared in the fluid flowing from the chest. After the first quart had been used to remove the pus, the next one was medicated with carbolic acid, 15 grains to the pint. This was continued every day.

Before the daily application was made, the patient showed marked signs of depression from the septicæmia, but shortly after she appeared to be greatly revived. A few weeks after the disease had become established, bed sores appeared, and eventually, after six weeks, the patient died from exhaustion. At the autopsy it was found that adhesions were being established between the chest wall and the lung, but from the combined influence of the suppurating surface of the pleura with that of the bed sores the patient sank.

If another case should occur, from the experience gained in the present one, I should wash out the chest three or four times a day, inasmuch as it can be done with so little trouble to the physician and patient; indeed, it might be delegated to a skillful nurse. It is true that it is very doubtful whether or not we can ever lessen the amount of pus by such a dilute solution of carbolic acid as must be used to the pleura, but there can be no doubt we can in this manner diminish in a great measure the evil effects of septicæmia. It was proved very plainly in this case, that exhaustion was mainly the cause of death, and if the bed sores had been prevented it might have been possible to have kept up the vital powers till adhesion had taken place between the visceral and parietal surfaces of the pleura. It must also be said that this patient showed exceptional tolerance, considering that the malady was developed in the puerperal state, and that she did not have the best sanitary surroundings.

AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.

The fourth annual meeting of this Association was held at Binghampton, N. Y., October 13th, Dr. PARRISH, President, in the chair.

Dr. Parrish remarked on the cottage system, "That it was the best because it resembled a home, and the nearer we bring our institutions to imitate this, the more powerful will be their influence. He would have a community of neat wooden cottages, hold-

ing not more than twenty patients each, of a similar stage of inebriety, and from nearly the same circles of life. He would provide them, as far as possible, with light voluntary labor, as well as intellectual and social pleasure."

Dr. Harris read a very interesting paper describing the "Reformatory Home" of Philadelphia, an asylum designed to give temporary relief to drunkards. The success of this asylum has been very great. The doctor described some particular cases, showing that drunkenness can be cured as readily as any other disease.

Dr. Dodge, formerly superintendent of the Binghampton asylum, remarked "that one great difficulty in asylums was the want of power to restrain patients a sufficient time to insure their recovery. We should have authority to enforce obedience to rules, and detain the inebriate until he has regained his self-control, and is fairly able to resist temptation. This time, from my experience, rarely exceeds twelve months. The experience of English asylums has shown that excess in ardent spirits is far more deleterious than similar excess in wine and beer. There are also strong reasons for believing that some considerable amount of helpless drunkenness and frenzied intoxication is due to adulteration, or to the use of new spirits containing substances of the nature of ethers."

The President, Dr. Parrish, then made a very interesting statement of the rapidly growing interest in this subject in different States. There are now five different asylums in active operation in different parts of the Union. The time has come for scientific men to meet and solve this great problem of the age. The inebriety of to-day, which is said to cause seventy-five per cent. of all the crime, and to be indirectly the cause of fifty per cent. of all the idiots, and fourteen per cent. of the insanity, is truly a disease of terrible proportions. The experience of a few years has demonstrated that it can be cured in the same sense as other diseases are curable. He closed by introducing Dr. Hewett, of Red Wing, Minnesota.

Dr. Hewett remarked that as secretary of the State Medical Society, he had been appointed by the Governor to come east and examine asylums, and plans for building, with a view to the erection of an asylum in his State. He detailed at length the prevalence of intemperance in Minnesota, which was largely increased by the mixed population, and was in a measure due to the clannish character of communities.

Dr. Congdon described some new methods adopted for the care of inebriates. One plan adopted by Dr. Dodge, was to put every patient upon honor, trusting to his word and promise, until he had violated them. Then appealing to his pride, and giving him another chance to show his moral force of character. If he proved unworthy of confidence, he was discharged, or kept under close watch. Dr. Congdon "believes this to be the best means of raising up the weakened will-power, and giving every patient a responsibility in the restoring process."

Dr. George Burr, of Binghampton, a manager of the asylum, made some very original statements on the "Pathology of Inebriety." He described in detail the effects on the stomach, and the injury to the nerve tissue and cells, and concluded with the following summary, viz.: "1st. Inebriation is a disease of a constitutional character, involving the entire organism in its consequences. 2d. That the true disease is the morbid craving after alcohol, of which the act of drinking is but an effect. 3d. Whatever the true physiological action of alimentation may be, or in whichever system of nerves the sensations which give rise to hunger and thirst may reside, the symptoms of inebriety indicate that the disease is a disordered condition of this function, and that the ordinary sensations of appetite for food and drink are perverted and uncontrollable.

Dr. Joseph Parrish read the concluding paper on "Opium Poisoning." Our space will only permit us to give the conclusions: 1st, opium is a poison; 2d, men take it not for social enjoyment, but for a physical necessity; 3d, taken thus in proper cases and in corresponding conditions it is a valuable remedy. When it relieves physical or mental distress it fulfills its physiological purpose, and its use is legitimate; 4th, it is a fascinating drug in its influence upon both mind and body, with persons who have not an opposing idiosyncracy; 5th, there is a constitutional condition, which is in harmony with its hypnotic quality, and a constitutional condition which is in harmony with its excitant quality; 6th, it will variously affect those who use it, as they are inclined by nature or by the pathological condition which demands its use; 7th, taken in excess, it produces a diseased condition, certain symptoms of which are decided and specific; 8th, to relieve the symptoms it is desirable to avoid the shock, as it is desirable to avoid it in surgical operations; 9th, for this purpose the practitioner should immediately reduce the accustomed supply to the minimum dose which will meet this condition; 10th, when the minimum is reached the sufferings of the patient begin, and then the practice should be to give tone to the nervous system, as the opium stimulus is withdrawn. The reduction should be in minute quantities, and the tonic doses full and persistent. 11th, the moral sentiments, the confidence and courage of the patient, should at all times be kept up to the attainable degree. 12th, such a course will almost always secure the desired result.

At the conclusion of the reading of this paper the convention adjourned with the usual vote of thanks. The following were the officers elected for the ensuing year: President, Joseph Parrish, M. D., of Pennsylvania; Vice-Presidents, C. J. Hull, of Illinois; Otis Clapp, of Massachusetts; Secretary, Robert Harris, M. D., of Philadelphia; Treasurer, L. L. Mason, M. D., of New York.

Editorial Department.

Periscope.

Climates in Consumption.

In a work by Dr. Bierman, reviewed in the London *Medical Record*, the author remarks the fact that, as yet, we know no climate that can be considered a good one for a particular disease at every season of the year, and on the changes of place which this necessarily involves.

But perhaps the following extract may better enable readers to judge of the way in which climatic questions are to be treated, and of the mode in which broad general views are brought to bear on the subject.

It is not the *genius morborum* alone which influences therapeutic indications, and climatic ones as a consequence. The constant progress of scientific research and discovery, as it forms new ideas respecting the nature of disease, also introduces changes in its treatment. Thus the more continued character of disease in the commencement of this century, taken in connection with the observation of the fact that phthisis sometimes grew out of inflammatory affections of the lungs (a foreshadowing of the caseous pneumonia), made an antiphlogistic treatment, directed to calm excitement, the usual one. Thus came it, that Hufeland directed repeated small bleedings in the commencement of phthisis and that soft marine climates, especially that of Maderia, were constantly recommended.

Later, owing to the more accurate observation of Laennec, the specific nature of tubercle became the ruling doctrine, which, after passing through various phases, is even at the present day the belief of many physicians. This doctrine of the specific nature of tuberculosis, combined with the observation of the fact that that form of disease was comparatively rare in certain elevated spots, gave rise to the indication of making use of hill climates. Thus came in the use of cod-liver oil, with or without iodine, which undoubtedly has often been useful in producing the absorption of deleterious products of the lungs. Thus, in most recent times, many patients commencing to be phthisical have drank in health, mostly, indeed, only for a time, by the use of koumiss, or by whatever name you choose to designate such liquors, in reality, spirits.

The individual view of particular physicians has also a great influence on the use of climate resorts. Even the most intelligent of them after a time fall into special, rather exclusive, therapeutic procedures, and operate mainly with them. If the physician be successful, and become an authority with his patients, his mode of treatment and his station become the fashion, and eventually they come to be regarded as panaceas. The climate of the station of the most popular practitioner is usually the best climate for the time being. This influence on the selection of climates has its parallel in ordinary therapeutics, in which some one medicine is always having a great run for a time, of which it would be easy to give particular examples.

Bronzing of Skin in Neonati.

At the last meeting of the French Association for the Advancement of Science, M. Laroyenne exhibited a picture of a disease which is not described in classical works, but which he had observed during the last six months of 1872 at the Charité Hospital. It consisted of a peculiar *Bronze Yellow Coloring of the Skin in New-born Infants.* The under surface of the hands and the under surface of the feet were of a violet color, and the conjunctiva almost subicteric. The little patients alternately cried and fell into a condition approaching collapse; their stools were of a black-greenish color, and the stains which they left on the linen were always surrounded by a sanguineous ring. If the skin were slightly punctured with a needle, the little drop of blood which appeared was black, like ink. This blood, examined under the microscope, presented an increase in the number and size of the white corpuscles. In some of the infants the pulse was quick; in the last hours of life the temperature was lowered two or three degrees. The necropsies which M. Laroyenne made, with the assistance of M. Charin, gave the following results. The skin had the same appearance that it had during life; the corpse resembled that of a little mulatto; the blood which colored the organs was thick, of the color of chocolate. In the pericardial and cranio-spinal fluids this coloration was also found, but was very feeble. The lungs were loose and bulged out; the thymus gland, the thyroid, and the heart, presented nothing particular. The liver and the spleen were of normal consistence, but of a brownish-black color. A section of this latter organ did not redden on being exposed to the air. The kidneys were chestnut-colored, the calyces were filled with a black and granulated clot. The urine found in the bladder was sanguineous, without any biliary coloring matter. The intestinal mucous membrane offered nothing particular. He had already spoken of this singular affection in one of the Medical Societies at Lyons, when a few days later M. Parrot brought forward a similar case at the Anatomical Society. Beckmann has described thrombosis of the renal veins as a frequent

cause of intestinal catarrh in new-born infants; and Pollak (*Wiener Med. Press*) has described the symptomatology of this thrombosis. His description agrees with that of M. Laroyenne. He refers this disease (of which he observed thirteen cases) to an increase of tension in the kidneys, produced by the obliteration of the emulgent veins. M. Laroyenne said that, contrary to M. Pollak, he had discovered nothing particular in the renal veins beyond the thick fluid described in the circulatory system. He had seen this disease occur as often in strong children as in weak, without pre-existing intestinal catarrh. The choleraic diarrhœa of infants is not to be confounded with this singular affection.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An interesting pamphlet, reprinted from the *American Practitioner*, is the History of the Cholera at Lancaster, Ky., this last summer. The authors are Drs. Wm. Berry and F. C. Wilson. There were forty cases in all, and the intense malignity of the disease may be seen from the fact that of the first twenty-three cases there was not a single recovery, while of the remaining seventeen ten ended fatally, making a total mortality of over 80 *per cent.*

——The Report on the Diseases of Indiana, for the year 1872, by George Sutton, made to the State Medical Society, forms a pamphlet of 33 pages, and contains much of interest to the student of medical geography.

——We have also received—

The Treatment of Typhoid Fever, by Dr. Jos. F. Montgomery, of California.

Report of the New Jersey Home for Disabled Soldiers, for 1872.

On the Application of Electricity to the Central Nervous System, by Dr. N. D. Rockwell.

BOOK NOTICES.

The Physician's Visiting List for 1874. Philadelphia: Lindsay & Blakiston.

This popular visiting list makes its appearance with its usual promptness, and is, in its manufacture and appearance, fully up to the standard of previous years.

On the Mechanical Treatment of Disease of the Hip Joint. By Charles Fayette Taylor, M. D. New York: Wm. Wood & Co., 1873. 1 vol., cloth, 8vo. pp. 62. Illustrated.

The author, in this monograph, unfolds his method of treating hip-joint disease by accurate mechanical adjustments, and the results of his treatment certainly speak forcibly in favor of it as a most excellent plan. The prime indications, he considers, are to relieve the pressure in the joint due to muscular contraction, and to protect the joint from weight and concussion. The expedients to secure these ends are briefly but clearly detailed, and the apparatus is rendered fully intelligible by a number of wood cuts.

Some statistics preface the main body of the work, from which it appears that this disease is much more frequently due to injury of the part than to any hereditary diathesis, contrary to a view which we believe is widely extended among physicians. In the 236 cases analyzed by the author, about 75 per cent. give a traumatic history.

Lectures on Diseases and Injuries of the Ear, delivered at St. George's Hospital. By W. B. Dalby, F. R. C. S. With twenty-one illustrations. Philadelphia: Lindsay & Blakiston. 1 vol., cloth, 12mo. pp. 224. Price $1.50.

The material embraced in these lectures appeared first in the *Lancet*, in 1872. They commence with a description of the external ear and its lesions, the diseases implicating the eustachian tube, and pass on to catarrh of the tympanum, perforation of it, rupture, and artificial membrana tympani. This is followed by facial paralysis, polypus of the ear, cerebral abscess, meningitis, thrombosis, and pyæmia, as results of tympanic disease. The last lectures include deafness, Meniere's disease, deaf-mutism, and the systems of education to be pursued in consequence of it.

The author makes no reference to American authorities, and some of his statements, as that (p. 16), where he intimates the uselessness of the external ear as an organ of hearing, seem based on imperfect observation.

The work is neatly printed, and the illustrations are well brought out.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOV. 1, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

DEFINITIONS OF LIFE.

To understand Disease and Death we must first come to some agreement as to what Life is. They are its negations, and the philosophical physician, as well as the biologist, finds at the start he must adopt some definition of vital phenomena.

Many such have been offered, and it is our purpose to submit a few of the more modern and popular to an examination. To do it fairly, we ought and do fully recognize the distinction between a mathematical and a scientific definition; between one in the deductive and one in the inductive sciences. In the former a definition serves as the basis of reasoning; in the latter it is used mainly to point out the course of future investigations; in the former it should lay down clear limits; in the latter it expresses a type determined not by what it strictly excludes but by what it eminently includes. This important distinction, we may add, is, unfortunately, too generally unknown to scientific writers. Hence, we find even such a careful biologist as Dr. H. CHARLTON BASTIAN, in his excellent work on *The Beginnings of Life* (vol. i, p. 72), saying, "The time has well nigh passed when much importance can be attached to attempts to define life." After such a betrayal of ignorance of the purpose and nature of definitions in inductive science, it does not surprise us to find him accepting, without criticism, that of Mr. SPENCER, which we shall shortly examine.

With these true principles of criticism in mind, let us first take the definition of Life proposed early in the present century by XAVIER BICHAT, to wit.: *Life is the sum of the functions which combat Death.* This expression has been criticised with justice, because it defines life in the terms of its negation (death), which in turn can only be understood by first deciding on the meaning of life. Hence, the phrase turns in a vicious circle.

The next attempt which we shall mention is that of Dr. WHEWELL. It is proposed in his *History of Scientific Ideas* (vol. ii, p. 198), and runs as follows: *Life is the system of vital functions;* in other words, Life is the system *of the functions of life.* This is more vicious than Bichat's and for the similar reason, that it simply says *life is life.* Dr. WHEWELL'S defence of it is weak, for such an eminent philosopher astonishingly so, and his definition, therefore, has found few to adopt it.

Mr. HERBERT SPENCER, in his *Principles of Psychology*, sets about forming a definition of life with even more than his usual elaborate display of preparation and positiveness of assertion. After various provisional definitions he concludes on the following as his highest and most abstract one: *Life is the continuous adjustment of internal relations to external relations.* Now, with due deference to Mr. SPENCER and his many admirers in this country and elsewhere, we presume to say that this is just no definition at all of life in the scientific sense, by which is meant, of course, *organic* life. The researches of physicists prove conclusively that "a continuous adjustment of internal relations to external relations" is

constantly going on in every, even the most solid, inorganic mass. Take the metal iron, about which most is known in this connection, because practical ends have led to its close observation, and not only are different magnetic properties developed by different relations of position, but molecular changes, from other and unknown causes, are unceasingly exhibited. Such molecular changes are forever at work in the hardest granite, in spar, in the diamond. Varying external relations of light, temperature, gravity, etc., are always met by corresponding adjustments of internal molecular relations.

Another and not less fatal objection to Mr. SPENCER'S definition is that it omits the one great and peculiar character of organic life, that which in Bichat's formula is meant by the word *sum*, and in Whewell's by the word *system*, that is, the oneness, the individuality, the solidarity of the different functions or adjustments. We think it was Stahl who defined an organism as that "in which every part is, by turns, end and means." This cardinal fundamental truth, the very kernel of the whole subject, is totally neglected in Mr. SPENCER'S formula. Such an oversight is almost inexplicable.

In an interesting book we referred to a week or two ago, ALPHONSE DE CANDOLLE'S *Histoire des Sciences* (p. 457), the eminent author proposes still another definition, to wit: *Life is the transformation of physical or chemical motion into plastic or nervous motion.* To allow this expression its just weight we must mention that it is proposed in view of the highest generalization of modern science, viz.: that all force is varying modifications of motion, and the metamorphosis of motion from one to another form of force is the essence and the proximate cause of separate existence. Still, correct as this definition may be, and we believe is, it falls short of the emphasizing of individuality, just as Spencer's does.

Alongside of such thinkers as we have quoted it would look like presumption to state a formula of our own. But we will present one we like better than any of the above, substantially though not verbally propounded by perhaps the profoundest zoologist of this century, CUVIER, in his *Animal Kingdom* (vol. ii, p. 71): *Life is that condition of Being in which the form is more essential than the matter.* This, we take it, contains in abstract language the gist of the distinction between organic and inorganic nature.

The value of a definition in inductive science, we have said, is to point out the path for future investigation. And in the one we have just given, that object is prominently held in view. The science of Biology concerns itself, beyond all else, with functions, combined in a *unity of purpose*, acting under varying conditions. This unity of purpose is the maintenance of the individual, as circumscribed and bounded by definite confines, or by defined *form.*

Again, the whole science of Morphology is based on the idea of metamorphosed and developed symmetry of *form;* the matter is continuously and rapidly changing, it is in a whirling eddy or vortex (*tourbillon*), but the type, the form, is always retained in one or another of its metamorphoses. Although composed chiefly of such unstable elements as oxygen, hydrogen, and nitrogen, so long as life lasts, fidelity to form is the guiding principle of organic beings.

There is even a higher application of this definition, lying, it is true, out of the boundaries of exact science, but we may, perhaps, be pardoned for referring to it. As those most airy and intangible elements are attached to fixed forms of symmetry and individual existence by Life, so the still less material elements of Thought may be chained to even more inflexible forms of personal existence when visible life ceases, and thus the words of the poet prove true:—

> "Eternal Form shall still divide
> Eternal Soul from all beside,
> And I shall know him when we meet."
>
> —*Tennyson, In Memoriam.*

Notes and Comments.

Therapeutical Notes.

COLDS.

Dr. Dobell's plan to cure a cold is as follows:—

"1. Give five grains of sesquicarbonate of ammonia, and five minims of liquor morphiæ in an ounce of almond emulsion every three hours. 2. At night give ℥jss of liquor ammoniæ acetatis in a tumbler of cold water, after the patient has got into bed and been covered up with several extra blankets; cold water to be drank freely during the night should the patient be thirsty. 3. In the morning the extra blankets should be removed so as to allow the skin to cool down before getting up. 4. Let him get up as usual, and take his usual diet, but continue the ammonia and morphia mixture every four hours. 5. At bedtime, the second night, give a colocynth pill. No more than twelve doses of the mixture from first to last need be taken, as a rule; but should the catarrh seem disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill.

DRESSINGS FOR ULCERS.

Dr. Ohleyer advocates the use of magnesia, which he has found very successful in the dressing of certain ulcers when fermentive processes retarded healing. Magnesia neutralizes the acids present, prevents the access of oxygen to the surface, and protects the granulations. The author especially applies it to atonic ulcers; cases in which the skin is without epidermis and in which there is danger of suppuration; inflamed and painful sores; wounds which require to be stimulated or to be withdrawn from the influence of air, or in which suppuration should be diminished or modified, and in erysipelas of the face.

SKIN DISEASES.

Dr. L. D. Bulkley uses in skin diseases an alkaline solution of tar. The prescription is as follows:—

℞. Picis liquidæ,	℥ij.
Potassæ causticæ,	℥j.
Aquæ destillatæ,	℥v.

M. ft. "*Liquor picis alkalinus.*"

He adds:—"I have used this very extensively in the treatment of skin diseases, and with results highly satisfactory; and a number of my professional friends have employed it with advantage also."

SALT IN SICKNESS.

Dr. Scudder remarks:—

"I am satisfied that I have seen patients die from deprivation of common salt during a protracted illness. It is a common impression that the food for the sick should not be seasoned, and whatever *slop* may be given, it is almost innocent of this essential of life. In the milk diet that I recommend in sickness common salt is used freely, the milk being boiled and given hot. And if the patient cannot take the usual quantity in his food, I have it given in his drink. This matter is so important that it cannot be repeated too often, or dwelt upon too long.

"The most marked example of this want of common salt I have ever noticed has been in surgical disease, especially in open wounds. Without a supply of salt the tongue would become broad, pallid, puffy, with a tenacious pasty coat, the secretions arrested, the circulation feeble, the effusion at the point of injury serous, with an unpleasant watery pus, which at last becomes a mere sanies or ichor. A few days of a free allowance of salt would change all this, and the patient would get along well."

MELANCHOLIA.

Dr. Höstermann claims to have obtained successful results in the treatment of simple melancholia with nitrite of amyl, given in inhalations from twice to four times a day, in doses of from four to five drops inhaled for about forty seconds. He finds that this agent has a notable effect in increasing the quickness of the pulse. It also widens the calibre of the capillaries in the skin and in the head.

Dr. Otto Obermeier employs æthyl alcohol in the same form of insanity. By this name he appears to designate a fluid composed of 30 per cent. of rectified spirit mixed with water, "with aromatic additions." With this compound he has obtained much success in cases of melancholia, and never noticed any bad symptoms.

CANCER OF THE BREAST.

M. Roubeix uses the following as an aid in treatment of cancer of the breast, at the Hôpital St. Jean:—He removes the breast as usual, and then applies over the wound a thin layer of Cangnoin's paste spread on

linen. The thorough extirpation of the diseased part is thus attained with little pain, and the avoidance of any secondary hemorrhage, the wound healing like an ordinary cauterized wound.

MERCURIAL POISONING AND AMMONIA.

M. Meyer (*Journal de Pharmacie*) says that it is only necessary to throw down a little ammonia upon the floor of the workshops to perfectly prevent the deleterious effects of mercury.

Modern Embalming.

Dr. MARINI, who petrified the corpse of Mazzini so effectually that it was proposed to set up the body on the Capitol to save Italy the expense of a statue, had some curious things at the Vienna Exhibition. One of these was a large round plateau, consisting of petrified muscles, fat, sinews and glandular substance, the surface having been planed and polished until its face resembles marble. The mummified specimens, also exhibited, can be restored to their original size and elasticity by a process known only to Dr. Marini. Certificates from Nelaton and other distinguished surgeons were attached to the specimen limbs, setting forth that the limbs in question had, for the satisfaction of the certifiers, been restored to their original softness and pliancy by Dr. Marini.

Place-Fear.

This variety of mental disease, called also agoraphobia, or platz-angst, is described by Dr. E. CIRCLES, in the *Archiv fur Psychiatrie*. He treats it as the result of hyperæsthesia of the nervous system. It arises from a sense of personal insecurity. The patient is overpowered by a leading idea. In moving across a square this idea is "You can't get across, you will fall, you are paralyzed." On entering a room the idea is that people are looking at you and remarking your condition. In walking on a plain it is, "You will never be able to get home." The patient knows that this notion is not based on any evidence; that it is absurd, that it is weak to yield to it; nevertheless it seizes upon him, and he cannot banish it from his mind. The feeling of alarm may be excited by very different suggestive ideas, just as a man who could keep cool in a musketry fire would be overpowered with alarm if made to climb the mast, or a man who could do both would altogether lose his nerve if he had to make a speech.

Dr. Byrd on Yellow Fever.

The epitome of the paper on yellow fever read by Dr. BYRD before the Maryland Epidemiological Society, which was published in the REPORTER, July 26th, 1873, is claimed by that gentleman not to express his views correctly. As we received it direct from himself, we presumed, of course, that it was a faithful abstract of his remarks.

The epitome contains this paragraph:—"It depends upon a special cause, which consists of organic matter, and it requires for its growth a certain continuous temperature. It is effectually destroyed by frost, and yet it may be said it exists perennially in some of our Southern cities." We are informed that the language used in the original article is as follows:—"85° to 90° or 95° Fahr. is the temperature which experience has shown to be the most favorable to the spread of yellow fever epidemically in this country, and, like exotic plants, when *exposed, the yellow fever germ is effectually destroyed by frost.* In the West Indies, and in the tropical districts of this continent, where the summer temperature is perpetual, these germs have become naturalized, so to speak, and the disease is found to exist perennially in some cities, by the continuous introduction of the unacclimated."

As this difference of expression seems to have led to some of the criticisms on Dr. BYRD'S view by Dr. MADISON MARSH, in this journal (Aug. 30th, 1873), we very cheerfully admit the correction, and would have done it sooner had the matter been brought to our notice earlier in such a shape that we could do so consistently with the interests of the parties concerned.

NEWS AND MISCELLANY.

The Cholera.

The latest reports indicate a decrease of the cholera in Europe. About 100 cases a week were acknowledged in France in September. The epidemic was raging, with some severity, in Frankfort-on-the-Oder, Königsberg, Dantzic, Thorn, Ratibon, and Breslau. In the latter city the mortality has been considerable. In the cholera wards of the Dresden Hospital they burn the soiled body-linen, paillasses, and sheets. When not soiled these articles are first disinfected, then boiled with absolute alcohol and carbolic acid, and lastly washed by machinery. The alvine dejections and vomited matters are received in saw-dust mixed with powdered charcoal, on which petroleum is then poured, and finally burned.

Personal.

—Dr. K. J. Clement, Danish historian and linguist, died at Bergen, New Jersey, on the 7th instant. He was born in 1803, in the island of Nyvram, in Southern Frisia, and was educated at the Universities of Kiel and Heidelberg. In 1855 he became a doctor of physic, and, after traveling through Europe at the expense of the Government for several years, he became a professor in the University of Kiel. He was a writer of great power and originality, his themes including history, politics and general literature.

—News of the death of Dr. Walter Briscoe comes from Paris. He was an American resident, of a sportive turn of mind. He had been in Paris, a wit or practical joker, and an eccentric, these twenty years. He died nearly eighty years old, and leaves an estate of half a million.

—Dr. S. B. Beresford, a celebrated physician, died in Hartford, Conn., on the 14th inst. He is said to have been possessed of the finest private gallery of paintings in the State.

—Dr. Chase, of Portland, Me., has invented and has on exhibition at West Troy, a canal boat to run by air. The Doctor has been engaged during the past two years perfecting this new motor.

—Dr. James Jones, one of the original professors of the University of Louisiana, is dead. He was sixty-six years of age.

The Yellow Fever.

The exhibition at Selma, Ala., has been postponed until November 25th, on account of the prevalence of the yellow fever at various points South.

The disease at Calvert, Texas, is reported to be "worse than at Shreveport," seven per cent of the population having died.

At Memphis and Montgomery it still continued at last accounts.

The Philadelphia University.

The *Lancet* (London), of October 4th, says: "The use of the title 'M.D.' on the strength of a degree from the University of Philadelphia has been punished by a fine of £20; and the decision was confirmed, on appeal, by Baron Martin."

This is as it should be, and the same action ought to be taken here.

Indignant Demonstration of Hay Fever Sufferers.

A convention of hay fever victims is proposed, to meet next spring, to denounce the lack of public spirit and professional pride on the part of the medical fraternity in not seeking more earnestly a cure for the disease. It also proposes a large reward for the discovery of a reliable remedy.

—The baby to whom the prize at a recent Iowa baby show was awarded was the twenty-second infant of its mother.

—Dr. Ruppaner, of New York, a commissioner to the Vienna Exhibition, was lately presented in Paris with a rare medical work, printed at Oberursel in 1605, on the first printing press that belonged to Guttenberg.

MARRIAGES.

COOKE—ATKINSON.—In Baltimore, Oct. 16th, by Rev. Augustus Jackson, Rector of St. Paul's Parish, Washington, D. C., George H. Cooke, Surgeon United States Navy, and Mrs. Sallie L. Atkinson, eldest daughter of the late Rev. John C. Lyon.

ESTRAZULAS—PRICE.—In this city, on the 16th of October, at St. John's Church, by the Rev. Father Reilly, Dr. Enrirue M. Estrazulas, of Montevideo, Uruguay, S. A., and Marian, daughter of the late Joseph T. Price, of Delaware.

FORREST—SAFFORD.—In this city, Oct. 16th, by the Rev. Chas. Wadsworth, D.D., Molton H. Forrest, M.D., of New York, and Emma L., daughter of H. W. Safford, formerly of this city.

HALL—CHESNEY.—By Rev. J. H. Shields, Oct. 1st, at the residence of Dr. Wm. M. Chesney, in Kenton, Hardin Co., O., Rev. I. G. Hall, Pastor of the First Presbyterian Church, of Kenton, and Miss Alice B. Chesney.

HAYS—WOOD.—In this city, October 15th, by Rev. Dr. Morton, J. Minis Hays, M. D., and Emma, daughter of G. A. Wood.

HOLT—WOOD.—In New Orleans, October 16th, 1873, at the residence of the officiating clergyman, by the Rev. J. E. C. Doremus D. D., assisted by the Rev. T. R. Markham, D. D., Joseph Holt, M. D., and Miss Reubena Bell Wood, all of that city.

MCMASTERS—NEGLEY.—October 9th, 1873, at the residence of the bride's mother, Mount Ripley, East Liberty, Pa., by Rev. John Gillespie, assisted by Rev. S. A. Taggart, Dr. D. M. McMasters, and Sallie E. Negley, daughter of Mrs. K. P. Negley.

MEARS—SIMONS.—October 21st, by the Rev. Dr. Harper, Dr. J. Howell Mears and Emily E., daughter of Peter B. Simons, all of Philadelphia.

OGLEBY—VASTINE.—September 22d, by the Rev. S. Dorner, Dr. James Ogleby and Elizabeth A. Vastine.

POWELL—FALCONER.—At the First Presbyterian Church, Hamilton, Ohio, on Wednesday evening, October 8th, by the Rev. S. M. Anderson, D. D., General Eugene Powell, of Delaware, O., and Miss Louise, eldest daughter of Cyrus Falconer, M. D. of Hamilton.

SHAFFER—PERKINS.—October 15th, at the residence of the bride's parents, by Rev. S. F. Dyke, Dr. Newton M. Shaffer, of New York City, and Miss Margaret H., only daughter of William Perkins, Esq., of Gardiner, Me.

SHAFFNER—THOMAS.—On October 16, 1873, by Rev. Wm. Suddards, D. D., Charles Shaffner, M. D., and Annie Smith Thomas, all of this city.

SLOAN—PETERSON.—September 25th, 1873, at the residence of the bride's sister, Mrs. Williams, of Lebanon, Ill., by the Rev. G. W. Hughy, Henry H. Sloan, M. D., of Chicago, Ill., and Miss Helen M. Peterson, of Lebanon, Ill.

DEATHS.

BLOIS.—On October 19th, 1873, at Irvington, on Hudson, N. Y., Samuel Blois, M. D.

CAHOON.—In Lyndon, Vt., September 20th, Charlotte Chase, wife of Dr. Charles S. Cahoon, aged 39 years.

CLARK.—In Halifax, Vt., September 18th, Dr. Ebenezer Clark, aged 77.

HAINES—In Medford, N. J., Oct. 17th, Sarah W. Haines, wife of George Haines, M. D.

SUMNER.—In Boston, at the City Hospital, Oct. 10th, Dr. Frederick A., son of the late Hon. Frederick A. Sumner, of Charlestown, N. H., aged 71 years.

UHLER.—In this city, suddenly, Oct. 15th, Algernon S. Uhler, M. D., in the 35th year of his age.

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BY S. W. BUTLER, M. D.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 871.] PHILADELPHIA, NOV. 8, 1873. [Vol. XXIX.—No. 19.

Original Department.

Lecture.

CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Lecturer on Clinical Medicine in the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

Diagnosis and Treatment of Thoracic Aneurism.

Gentlemen:—The last two lectures have been occupied with the study of abdominal aneurisms. Let me now ask your attention to aneurisms of the thoracic aorta. I will first show you a patient whom I believe to be suffering from this affection.

H. ———, aged 52 years, by occupation a sail-rigger, enjoyed general good health until about fifteen months ago. His calling has obliged him to use severe exertion with his arms, but he never felt any trouble about his chest until July, 1872; he then found that his breathing was growing short, and that he had palpitation of the heart on exertion. This grew worse, and has obliged him, for the last eight months, to give up work. He has suffered with severe pain about the region of the left nipple, shooting through to the angle of the left scapula; the palpitation of the heart has been worse, and he has had much dyspnœa, which was always aggravated by lying down. He has never, however, had any difficulty in swallowing. His voice is somewhat husky, but it is difficult to say how far this has been the result of his disease. As you now see him, his face seems anxious, and his pallor and emaciation speak of long suffering. The pupils of his eyes are small, equal, and but little influenced by light. He suffers from no local sweating about the head. The pulse is regular, and is slightly fuller upon the left side than upon the right. On examination of the chest, the apex beat of the heart is found on the line of the nipple in the fifth interspace; it is quite feeble. There is another centre of pulsation to the left of the sternum at the third rib. There is dulness on percussion around this point, over an area of two inches in diameter. The space is also distinctly prominent; there is no thrill to be felt over it, but upon auscultation a long, low, rough murmur is heard, coincident with the second sound of the heart. This murmur is strongest over the point of unnatural pulsation, to the left of the sternum, in the second interspace; it is transmitted with moderate force into the large arteries; it is not heard with equal force at the aortic cartilage, nor down along the sternum. It therefore does not follow the ordinary law of murmurs due to disease of the aortic valves. So, too, on going downward over the body of the heart, the murmur rapidly loses force, and is but feebly heard at the apex. It is evidently, therefore, not due to disease of the mitral valve. There are no signs of disease of the lungs; and as the symptoms do not agree with those of valvular disease of the heart, the question naturally arises whether they may not be due to disease of the thoracic aorta. Now, the evidences of thoracic aneurism, like those of abdominal ones, may be divided into rational symptoms and physical signs. The rational symptoms are either pain from pressure upon any of the numerous adjacent sensitive

nerves, or those due to compression of the neighboring organs by the aneurismal tumor, and may be stated as follows: aphonia, from pressure on the recurrent laryngeal nerve; dyspnœa and stridulous respiration, from compression of the trachea or large bronchi; difficulty of swallowing, from pressure on the œsophagus; irregularity of the pupils and local sweating of the head, from pressure on the cervical ganglia of the sympathetic nerve, and inequality or extinction of the radial pulse on one side of the body. The physical signs are: local bulging of the chest wall, dulness on percussion, pulsation synchronous with that of the heart, and the presence of a thrill over the position of the aneurism, while, on auscultation, either the heart sounds or an aneurismal bruit can be heard. These two classes seem to be, to a certain extent, antagonistic, being rarely found together in an equally marked degree, except in cases where the tumor is very large; and whether the one or the other is present, depends upon the size and position of the dilatation. Thus a small aneurism, springing from the first part of the arch of the aorta, so as to approach the anterior chest wall, may give rise to decided physical signs without any symptoms of pressure; while an aneurism of the same size, seated on the transverse part of the arch, might cause most serious rational symptoms, without approaching near enough to the chest wall to give rise to a single physical sign. In the present case you will observe that there are scarcely any rational symptoms of aneurism—merely slight decrease in the strength of the right pulse, and some hoarseness of voice. But, on the other hand, the physical signs (pulsation, local prominence, dulness on percussion, and aneurismal murmur) are so well marked that there can be no hesitation in saying that there is an aneurism of the thoracic aorta, probably situated on the anterior surface of the vessel, just above the valves. The result of auscultation over aneurismal tumors varies so greatly as to merit a word of further description. In some cases both the cardiac sounds are repeated over the tumor, as though re-echoed in the cavity of the sac; in others a murmur is heard, corresponding in time with one or both cardiac sounds, the situation of the point of its greatest intensity distinguishing it from an ordinary valvular murmur; and finally, other instances may be met with in which no murmur at all can be detected. In the patient before you, the bruit is transmitted downward only to the lower border of the 4th rib, and has its seat of greatest intensity over the 3d, an inch inside of the left nipple. This is also the position of strongest impulse.

Atheroma, although it is here, as well as elsewhere, the chief cause of aneurism, is not confined to the place of dilatation, but involves the whole aorta, and often extends into its branches. The roughness thus produced gives rise to a murmur which is sometimes so strong, and accompanied by so much thrill, as to lead to doubt whether there is an aneurism, or merely arterial degeneration, with some uniform dilatation of the aorta. In such cases we must chiefly rely on the presence or absence of symptoms of pressure to determine our diagnosis. In some instances, also, the tumor is so small and deeply seated that it produces no symptoms of any kind, and its existence, therefore, cannot be ascertained during life; but we may confidently say, that if any considerable size or proximity to the exterior has been attained, a diagnosis can, by proper care, always be made. When the thoracic aorta is the seat of aneurism, mechanical treatment is out of the question, and the main reliance must be placed on internal medication. Depletion, large doses of acetate of lead, or other drugs calculated to favor coagulation, are generally useless; and good results can only be hoped for from means that tend to arrest the atheromatous degeneration. It is thus that, by the continued use of iodide of potassium, in full doses, there is reason to hope that much good may sometimes be accomplished. This is especially useful where there is any syphilitic taint; but even where there is none, the course of the disease seems to be advantageously influenced by it. At the same time care must be taken to reduce the circulation by a proper diet, the avoidance of undue mental or physical exertion, the use of veratrum viride and aconite where the action of the heart is strong and regular, or digitalis where it is rapid and irregular. The pain caused by pressure is best relieved by hypodermic injections of morphia. Nothing need be said of the employment of pressure over the tumor as it begins to protrude, for it has no effect. But there is one other mode of treatment which should be mentioned; it is electrolysis. Two delicate needles are inserted into the sac, and a current from a galvanic battery passed through them, the object being to coagulate the blood. This ope-

ration has been performed a number of times during the past few years, sometimes with successful, but more frequently with unsuccessful or even injurious results; hence no positive directions can be given for its use except that it ought never to be employed unless life is urgently threatened, either from rupture or compression.

In spite of all treatment, and the fact that nature occasionally performs a spontaneous cure, the disease usually progresses steadily to a fatal termination. This may result from the violence of the compression causing inanition, suffocation, or erosion of the vertebra, and suspension of the functions of the spinal cord. The aneurism may also rupture in various directions, as into the œsophagus, the trachea, the pleural cavity, or upon the external surface, and, finally, into the great vessels—for example, into the pulmonary artery. The last mode of termination is well illustrated by the case of a middle-aged man who came into the hospital on Sept. 12th, and died a few hours after admission, so that no history could be obtained. At the autopsy, the heart was found to be attached to the surrounding organs, filling a great part of the left half of the thorax and extending into the right half. The weight of the heart was 34 ounces. The pericardium was universally adherent. The left ventricle was dilated and slightly hypertrophied; the mitral valve sound; and the leaflets of the aortic valve, though thickened at their edges, were competent. The aorta was atheromatous throughout, and on its right side, just above one of the leaflets of the valve, was an opening one inch and a half in diameter, leading into the cavity of a large aneurism. This was, of course, entirely contained within the pericardium, and by its pressure had forced itself between the muscular trabeculæ of the wall of the right ventricle, so that on opening this cavity a large rounded mass, covered with the endocardium, was seen projecting into it. The cavity of the aneurism measured five inches in diameter, and was lined by a layer of fibrin three-quarters of an inch thick, which could be separated and torn off in plates. The right ventricle was moderately hypertrophied, but the tricuspid and pulmonary valves were healthy. In the wall of the pulmonary artery, just above its valves, there was a small opening, with irregular, softened and discolored edges, which also communicated with the sac of the aneurism. Death had evidently resulted from this perforation of the wall of the pulmonary artery and the rupture of the aneurism into that vessel.

Communications.

THE SPECTRUM MICROSCOPE IN THE PARASITIC WORLD.

BY J. J. CALDWELL, M. D.

Read before the Maryland Epidemiological Society.

The spectroscope, as applied to medicine. Dr. Waterman, of New York, has shown, in his able work on this instrument, that the greatest physicists in Europe have freely acknowledged its high importance and usefulness. And its accomplishments in the micro-parasitic discoveries may be considered as among the highest triumphs of the human intellect. The material accumulated up to the present hour, bearing directly upon the domain of true medical progression, is intensely interesting, and it is safe to say that no man can claim to stand at the head of chemistry or medicine who is ignorant of the results of spectral analysis. The process of making an analysis by means of the spectroscope is simple enough. Bodies to be examined are either solid, fluid, or gases. The solids must be brought to a state of incandescence, either by means of the electric arc or the compound oxygen blow-pipe, when they admit rays of all degrees of refrangibility.

Fluids are placed before the slot, in suitable glass vessels, with plano-parallel walls; tubes may also be used. Fluids give absorption bands in various parts of the spectrum.

Gases are examined by means of an electric induction spark, which passes through their extremely attenuated atmospheres. The apparatus employed consists of a thin bored thermometer tube, with a bulb at each extremity, into which electrodes of platina or aluminum are inserted. The tube is filled with the gas to be examined, and then exhausted by the air pump until the one-sixth-hundredth of the one-seven-hundredth part of the ordinary pressure of the air is left. In that state of attenuation the gas offers very slight resistance to the electric spark; it becomes very hot, emits brilliant and beautiful light of varying colors, changing, of course, with the different gases employed.

Thus, no substance can defy the analytical power of the spectroscope. Every known metal, alkali, or alkaline earth, when heated up to a gaseous state, gives off light peculiar to itself, influencing and changing the spectrum in a manner peculiar to itself and to none other, some of them absorbing all the colors of the spectrum, with the exception of a single bright band, of which sodium and thallium furnish an example. Others are known by many fine, bright lines, in various parts of the spectrum, as barium, carsium, rubidium.

The fluids show dark bands in the spectrum, of various depths of shading, breadth, and purity of outline. These black bands are called absorption bands. When colored fluids are examined we witness, also, modifications of the spectrum. None, however, is so rich and distinctive in feature, none has attracted more deserved attention, than the spectrum of the blood, in parasitic and blood-poison cases, and the exhaustive analysis of blood, by the spectroscopic tests, forms the basis of its applicability to the diagnosis and treatment of diseases.

Sir Humphrey Davy discovered, by means of a glass prism, that a beam of white light, proceeding from the sun, might be separated into all the colors of the rainbow. Having darkened his room, he made a hole in the window shutter, and placed behind it a glass prism, with one of the sharp edges looking downwards and one of the flat edges looking uppermost. The beam from without fell on the glass within; the wall of the opposite side was irradiated with a strip of variegated light, as if a slice of rainbow were clinging to it. The lower end of the luminous band was of a rich, warm red, and this passed, by a tint of orange, into a bright yellow, which again died away into the deepening hues of green, into a narrow strip of dark blue, while at the upper end the indigo tint became warmed into a brilliant edging of violet.

Thus, in Davy, we find the discoverer of what might be truly called the iriscope. Since his day we have such authority as Kirchhoff, of Heidelberg; Stokes, Brunsen, Crooks, Reich, Reichter of Friedburg, Saxony. Then we have Schmidt and Puneger's experiments with dogs (parasitic diseases of). Also Petuekoler's tests for the same. And in England, Dr. Thudicum, Calvert, and Beale; all their material examinations directly applying to the practice of medicine. For a full and illustrated description of the spectrum-microscope see Beale's latest works.

Now, to show the extraordinary delicacy of the spectrum test, as well as to give an idea of its sensitiveness, let us take one pound of table salt and divide it into half a million parts. One of these minute atoms of matter is called a milligramme. The experienced chemist is able to weigh such a minute particle only with the most delicate scales, with extraordinary care and acquired dexterity, but with this performance he has arrived at the limits of possibilities.

Again, let us divide one of these minute particles into three million parts and we obtain atoms of matter so minute that the human mind is incapable of forming any conception of them, yet we may demonstrate their presence by the spectrum, with the utmost certainty and ease; yes, even the dusting of a book in the remotest part of this room will immediately cause the sodium to dart forth with a brilliant line of yellow, and thus reveal its presence. In fact, there is no limit to the infinitesimility of matter under the searching power of the spectrum-microscope.

"See through this air, this ocean, and this earth,
All matter quick and bursting into birth.
Above how high progressive life may go,
Around how wide, how deep extend below.

"Vast chain of being, which from God began,
Nature ethereal, human, angel, man,
Beast, bird, fish, *insect*, which no eye can see,
No glass can reach, from Infinite to Thee."

Through this instrumentality M. Pasteur has shown that all fermentation and putrefactions are due to the presence of microscopical vegetables and animals. Calvert says that the source of infection or contagion is not due to noxious gases or bad smells, but to microscopic spores floating in the atmosphere. Dr. Jules Lamaire says that the germs or sporules floating in the atmosphere vitiate it. Calvert says that this is why carbolic acid was used with such marked success in England, Belgium and Holland during the prevalence of cholera and cattle plague.

Mr. W. Crooks, F. R. S., asserts that the gas exhaled from the lungs of diseased cattle contains germs, sporules, and microscopic animals, when examined by Mr. Beale. Beale also found them in the blood of such animals. Mr. Crooks, having condensed, on

cotton-wood, these germs, he inoculated healthy cattle with them. Professor Chandelen, of Liege, states that of his one hundred and thirty-five nurses tending cholera patients only one nurse died, because he disinfected and destroyed this animalculæ as fast as it was eliminated.

Again, the learned Gratiolet and Lamaire show conclusively that the contagions of pestilential diseases, such as cholera, small-pox, and typhoid fever, are due to their own peculiar parasites.

The same remarkable results, in fact, have been established at Hotel Dieu, by Maisonneuve, and further we will mention among other eminent physicians the name of James Pagett, Esq , endorsing the above views.

According to the observations of Obermier, the blood of persons laboring under relapsing fever contains peculiar filiform bodies, which exhibit very active spontaneous movements. In the able work of Wm. B. Neftel, M. D., of New York, entitled "Some of the Recent Researches in Pathology," he says: "I wish to call the attention of the profession to those *parasitic vegetable organisms* which play so important a part in infectious diseases." He refers to Pasteur, P. Stendener, Cline, Vortrage, Tuckeri, Schoenline, Traub, Klebs (the latter Professor of Pathological Anatomy and pupil of Virchow). All these maintain for a peculiar fungus to diphtheria, scarlet fever, measles, typhoid, and last, typhus poison, being an animal parasite. And lately, Professor Cohn, of Breslau, has demonstrated that small-pox is due to a parasite. These views are also maintained strongly by Professor Saulsbury, of Toledo, Ohio, who has made many thousand examinations, and carried his investigations further into the parasitic world than any other American writer. And lastly, the learned Beale uses this instrumentality for detecting living and lifeless particles in the atmosphere, and in the breath of sick animals.

In conclusion we would remark that Happ has been able to show, with the assistance of Stokes, by this process, that the coloring matter of blood was capable of existing in two states of oxidation, and Waterman, of New York, has proven by this the danger of the administration of nitrous-oxide gas, so changing its, the blood's, constitution as to create leucocythemia, which is now supposed to be a parasitic disease.

THE DEEP INJECTION OF CHLOROFORM FOR THE RELIEF OF TIC-DOULOUREUX.

BY PROF. ROBERTS BARTHOLOW, M.D.

Read before the Academy of Medicine, September 13th, 1873, and reported for the MEDICAL AND SURGICAL REPORTER by Dr. J. W. HADLOCK, Secretary.

The remarkable success which I have obtained by the subcutaneous injection of chloroform in some cases of tic douloureux, justifies, it appears to me, this special report on the subject. It is true, that the injection of a few drops of chloroform into the gums for the relief of toothache has been practiced by others, and by myself, with success, but, hitherto, as far as I am aware, no one has used the deep injection of chloroform for the cure of *tic douloureux*. Indeed, the hypodermic injection of chloroform has been regarded as improper, owing to the violent local inflammation which follows its introduction in the subcutaneous areolar tissue. Thus, Dr. Anstie in an article* on the "hypodermic injection of remedies" says of chloroform, that it is "an agent entirely unfit to be used in that way." Hunter† had previously, after some trials, made a similar declaration: "The injection of chloroform is not to be recommended for the human subject." This remark is all the more noteworthy because Hunter was one of the earliest and most enthusiastic advocates of the hypodermic method. Eulenburg‡ simply repeats the experiences of Hunter, and mentions a case reported by Sandras, in which ten drops of chloroform were injected.

The ill effects produced by the injection of chloroform into the areolar tissue are these: vaporization of the chloroform and consequent gaseous distention of the surrounding parts, painful swelling, inflammation, and the formation of an abscess. The pain experienced by the patient at the moment of injection is also considerable, and as the needle is withdrawn the chloroform acts with energy on the wounded skin. These are very serious and almost insuperable objections to the hypodermic injection of this agent. The same objections do not hold against the deep injection of chloroform according to the method which I practice for the cure of tic douloureux. It is true

*The *Practitioner*, vol. i, p. 33.
†On the Speedy Relief of Pain.
‡Die hypodermatische injectionen der Arzueinurtlel, p. 286.

considerable pain is experienced and swelling arises, but the pain quickly subsides, and no inflammation ensues, and no abscess is produced.

The needle is inserted under the upper lip, which is raised, and passed so deeply that its point shall rest near the infra-orbital foramen. The chloroform is then slowly injected. When the needle is withdrawn, firm pressure from the cheek is made over the point of insertion of the needle, and is maintained for a time to insure the diffusion of the chloroform. At the moment of injection some burning pain is experienced, but this is quickly followed by a feeling of numbness of the upper lip and anæsthesia of the parts into which the chloroform is diffused. In a very short time a distinct swelling is perceived at the site of the injection, which is at first puffy, but afterward becomes harder and may continue indurated and swollen for a day or two. In a few seconds after the chloroform is inserted decided giddiness is experienced and the gait is staggering. Generally the giddiness passes off in a few minutes, but in one case the patient complained of an intoxicated feeling for two days.

Drowsiness has usually occurred; thus far not decided narcosis in any case, although as much as thirty minims have been administered at a dose.

It is generally admitted that injection of the anodyne at the site of pain is not necessary to the relief of neuralgia. The curative effect is supposed to be due to the impression made by the anodyne on the centre of consciousness. Whilst this is undoubtedly true, there are many reasons for believing that the local influence of an anodyne on the end-organs, the seat of a painful impression, is very serviceable, for pain of peripheral origin is made up of two factors, an irritation of the sensory nerves, a realization of this irritation by the centres of conscious impressions. Furthermore, there are good reasons for believing that improvement in the condition of nerves, the seat of a painful sensation, reacts beneficially on the centre with which they are physiologically and pathologically connected, although the peripheral pain may be the reflection outwardly of a centric lesion.

The deep injection of chloroform for the relief of *tic douloureux* has a justification in these physiological principles. The astonishing result which has followed its use in the cases which I am about to narrate seems to me to have been wrought in two modes of action, the local effect of chloroform on the painful nerves, rendering them incapable of reacting to the impression of pain, and the more direct effect of deep injection on the sensorium. The first mode of action has been sufficiently illustrated in physiological principles above given; the other may require explanation. It is a singular anatomical fact that the facial vein communicates with the pterygoid plexus and the cavernous sinus; hence an injection of chloroform into the part I suggested and practiced in this operation must reach the brain more directly than by any other route. The effect, hence, may be much more decided than when injection is practiced into remote parts.

Case 1.—Mr. M——, aged about fifty years, married, and by occupation a book-keeper; a tall, rather spare man, of nervo-sanguine temperament. His hair and beard are freely sprinkled with gray. Although pursuing a sedentary occupation, he has had considerable out-door exercise, and led a rather active life. Being in good circumstances his hygienic surroundings have been favorable. He has lived freely and has always had a good appetite and vigorous digestion. He is accustomed to the daily use, in moderation, of whisky and tobacco.

About two years ago Mr. M. began to suffer with pain in the infra-orbital branch of the fifth nerve. The attacks appeared with more or less frequency during the ensuing eighteen months, and gradually increased in severity. For the six months previous to consulting me the attacks became so frequent and protracted as to interfere very seriously with his nutrition; he lost considerably in weight and grew very weak. During these six months he was treated assiduously, amongst other means, by the continuous galvanic current. What remedies he received besides galvanism, and the tension and volume of the galvanic current which was applied, are not known to me. He experienced no relief from the various measures used, except temporary assuagement of the pain by the galvanic current. Besides the medical treatment he had been subjected to various dental operations; especially division and destruction of the main filaments supplying the teeth of that side.

When he presented himself to me for treatment he was in the following state: he was emaciated, and his countenance was

anxious and worn. Owing to the extreme suffering which mastication induced he had great difficulty in getting a sufficient supply of food. Every motion of the lip, the gentlest washing of the face, a touch of the cheek, induced a paroxysm of pain of horrible severity. The pain was on the right side of the face, and was experienced in the infra-orbital nerve and its terminal branches. During the paroxysm the muscles of the face were convulsed, the eye injected and profuse lachrymation occurred. There was great tenderness to pressure over the infra-orbital foramen, and a slight touch induced a paroxysm of pain. His teeth, although not very good, did not appear to be the seat of the irritation, for no pain was developed by pressure on or by striking them sharply. Raising of the upper lip always caused a severe paroxysm. In consequence of this, talking was painful, and the attempt to smile brought on an agony of suffering, so that he avoided seeing his friends. There were no evidences of intra-cranial disease except neuralgia, nor was there a history of specific infection.

The diagnosis of *tic douloureux*, the patient informed me, had been made by his previous physician. In this opinion I was, of course, able to coincide. As a great variety of remedies had been employed, I thought it useless to go over the same ground. Accordingly, I began the hypodermic injection of morphia, which, however, only gave temporary relief. Morphia and atropia in combination, and atropia alone were not more successful. I then determined, as the patient was naturally most anxious to obtain relief, to inject chloroform. Charging the syringe with a half drachm of Squibb's chloroform, I passed the needle deeply under the lip, according to the method which I have already described, and injected the chloroform in the neighborhood of the foramen. Mr. W. experienced a very severe paroxysm of pain at the moment; this was succeeded by burning pain at the site of the injection, numbness of the upper lip, giddiness and sopor, and swelling of the cheek. In rising to walk he staggered, and had difficulty in maintaining the vertical position. He went immediately home and laid down, in consequence of the continued vertigo and drowsiness. The giddiness did not entirely disappear for twenty-four hours or more. The pain ceased and has not since returned, a period of more than three months having now elapsed. The patient did not again present himself until three weeks, being desirous to ascertain, beyond peradventure, that his relief was permanent, a fact which he could scarcely realize after the protracted and agonizing suffering which he had endured. A remarkable improvement had occurred in his general condition in this time. He had gained largely in weight, and his countenance wore a cheerful expression, instead of the anxious and suffering appearance which it had before presented.

Case 2.—Mr. E. V. W——, farmer by occupation, aged about fifty-six, a man of medium height, compactly built, and of bilio-nervo-sanguinous temperament. He had always enjoyed good health and led an active, out-door life. About five years ago he began to experience decided pain in the infra-orbital division of the right fifth nerve. The paroxysms occurred at first at long intervals; within the past year they have rapidly increased, and during the last three months have been almost continuous. During this time the lightest touch on the surface of the cheek, a current of air, washing the face, raising the lower lip, and especially the mastication of food, have given rise to horrible paroxysms. Lately he has found it necessary to eat alone. The frightful contortion of the muscles of the face, and the rolling of tears down his cheek during mastication, have excited so much apprehension in his family and friends as to render this isolation necessary.

As is usual in these cases of tic douloureux the countenance of this patient expressed great suffering. He looked worn and anxious. When giving me his history he had repeated paroxysms, during which the muscles on that side of the face became convulsed, the tears rolled down his cheeks, he ceased to speak, and his countenance wore an expression of great agony. He described the pains as of two kinds: a sensation of painful vibration in the face, eye and forehead, and sudden darting pain of intense severity shooting up through the jaw to the eye and head. When I lifted up the lip to examine the mouth he had an atrocious attack, and begged me to desist until the paroxysm ceased. There was no disease of the teeth. Besides the neuralgia he had no symptom of cerebral disease. His functions were otherwise normal. The loss of flesh was plainly due to the difficulty experienced in taking in a sufficient supply of food.

I injected in the way already described thirty minims of chloroform. This brought on a severe paroxysm of pain, which continued for a few minutes but was succeeded by a feeling of relief, numbness of the face and lip, some drowsiness and swelling of the cheek. The relief to the pain lasted nearly twenty-four hours, when a light paroxysm ensued and the injection was repeated. In all, four injections were made in the space of a week, but no pain was experienced after the second injection. At the expiration of two weeks, having had, meanwhile, no recurrence of his old malady, he called to say he was perfectly well. As he has not since presented himself I have no doubt that he continues free from any return of the disease.

Hospital Reports.

LONG ISLAND COLLEGE HOSPITAL.

SESSION OF 1873.

CLINIC OF PROF. A. J. C. SKENE, M. D.

DISEASES OF WOMEN.

[Reported by Geo. W. Cushing.]

Fibrous Polypus of the Uterus Removed.

History.—Ellen McS., æt. 45 years, has had seven children, the youngest five years of age. The menstrual function has been normal up to three years ago, when she thought herself pregnant. An attack of hemorrhage occurred shortly afterwards, and she passed several masses of clotted blood. Since then the catamenial flow has never been regular. She has suffered severely from free and frequent attacks of metrorrhagia, and in the intervals has had a muco-purulent and watery discharge.

Present Symptoms.—The patient is weak and exhausted, consequent upon the constant drain to which her system has been subjected. Suffers from pain in the back; headache constantly; sleeps poorly; nervous; tongue is furred; appetite poor; bowels constipated, and has incontinence of urine, obliging her to get up at night; also distressing bearing-down pains.

Examination.—This patient has been under observation for some days, and at a previous examination revealed the uterus low down in the pelvis and larger than usual, and the passage of the sound caused bleeding, indicating a congested state of the cavity. All the signs pointed to some intra-uterine trouble. The cervix has been dilated by tents, and the patient is now present for an examination of the uterine cavity and such treatment as may be required. On carrying the finger through the cervical canal, we find a large, firm body, somewhat mobile, filling the cavity of the uterus, and by sweeping the finger around the mass, it appears to have a pedunculated attachment to the fundus. From these physical signs, the diagnosis of a polypus is made with confidence.

Comments.—This patient has been under the care of physicians, and has had a variety of remedies to relieve her pain and stop the bleeding from the uterus, but no benefit has been derived from the treatment. The cause of her persistent trouble, and the failure of treatment, are understood clearly when the diagnosis is made. Nothing can give this patient permanent relief, except to remove the cause, *i.e.*, to remove the tumor which occupies the cavity of the uterus. Intra-uterine polypus is not easily diagnosticated, unless the os uteri is dilated. When the uterus is enlarged in all its diameters, and there is metrorrhagia, and a serous or sero-purulent discharge, which cannot be accounted for by any other condition, then polypus may be suspected, but still the surgeon cannot be sure. The sound may be used to explore the cavity, and still there may be room for doubt. The same may be said of the treatment, under the same circumstances. There is no means by which we can remove a polypus while the cervix uteri is closed. Dilatation must precede both diagnosis and treatment. Fortunately, we can dilate the cervix when it is necessary, but we are told by the best authorities that there is danger in interfering in such cases before natural dilatation has taken place. This is true, and we much prefer to have the polypus protruding from the os uteri before we undertake its removal. There are cases, like the one under consideration, where the loss of blood so prostrates the patient as to make her wholly useless, and even endanger her life. Under such circumstances we are justifiable in making artificial dilatation and removing the tumor without delay.

Treatment.—We shall remove the tumor by means of the écraseur, this method being prompt, and as free from danger as any of the means at our command in removing these growths. The patient being anæsthetized, the chain of the instrument was passed around the tumor and carried as high up as possible, so as to encircle the pedicle, and then gradually tightened until it crushed its way through the mass. The tumor (about the size of a large pear) was then brought away by the forceps, and on being incised, presented the appearance of hard fibrous tissue, characteristic of such neoplasms. There was no hemorrhage of any account, and the patient rallied well from the operation and left the hospital ten days afterwards. She reported herself at a later period as doing well, and rapidly gaining in strength and health, and wholly free from the abdominal discharge. There are quite a variety of ways and means by which uterine polypi are removed. The size and location of the tumor, and its structure, whether hard or soft, are the conditions which guide us in selecting the method of operating. When the tumor is large and pedunculated, as in this case, the galvano-cautery or the écraseur are to be

preferred. The wire loop of the galvano-cautery has great advantages over all other means in removing a polypus like this. The operation can be done quickly and without hemorrhage (if you know well how to manage the instrument), and the stump heals up very promptly. On the other hand, there are these difficulties in the way: The galvano-cautery is an expensive instrument, and extremely difficult to keep in order and to carry around. Much practice is required in working it, or else injury may be done by it. The écraseur, on the other hand, is cheap, easily managed, always ready, and answers perfectly well, as this case illustrates. I am sure that any of you can get an écraseur, and use it, but few, if any of you, will ever possess a galvano-cautery. This is why I have shown you this mode of operating.

Myo-Fibroma of the Cervix Uteri—Enucleation—Recovery.

History.—Mary R., æt. 30 years; married five years, but never was pregnant. Her general health had always been good until after her marriage. About four years ago she began to menstruate more freely than was her habit in early life. This trouble gradually got worse, and for the last year she has had extreme menorrhagia. The flow has not been absent more than a week at a time, and during this time she has had free leucorrhœa.

Condition when Admitted to Hospital.—She had all the symptoms of well-marked anæmia; was nervous and sleepless at night; had pain in the back, extending down to the limbs; appetite poor; bowels variable, but usually constipated; frequent urination during the day, and constant pelvic tenesmus.

Examination.—Bi-manual manipulation revealed a hard mass attached to the posterior wall of the cervix, and filling up the whole vagina. The enlarged condition of the wall of the uterus indicated that its interstitial tissues were involved in the morbid growth. Passing the sound revealed the fact that the internal cavity was enlarged, but the increased growth was principally confined to the cervix. Any movement of either the tumor or the uterus was conveyed to the other, thus showing that they were firmly united. From the signs and symptoms obtained, myo-fibroma of the interstitial variety was diagnosticated.

Comments.—In the history of this case, obtained from the patient herself, we observe that the chief trouble was menorrhagia, and great debility caused it. Now, while this marked symptom is all-sufficient to excite suspicion of fibroid growth in a patient of this age, still the diagnosis cannot be made without the aid of physical signs. In this case an examination of the uterus placed the matter beyond doubt, owing to the location of the tumor. Had the tumor been located in the body of the uterus, the diagnosis might have been less positive. Finding the tumor settles the question regarding the menorrhagia. Profuse menstruation, and even metrorrhagia, is one of the most invariable accompaniments of fibroid growths of the uterus. This fact led Matthews Duncan to call this trouble "the bleeding disease of the uterus."

Treatment.—The patient was etherized, placed on her left side, and the parts brought into view by Sims' speculum. The chain of the écraseur was made to embrace as much of the tumor as possible, without including the vaginal wall. While the chain was being tightened, every care was taken to avoid the possible accident of opening into the cul-de-sac of Douglass. The whole of the portion (about the size of a hen's egg), which projected into the vagina, was removed, and although the operation was rather quickly performed, no hemorrhage occurred of any account. The patient remained in the hospital for about six days, and during that time she had no trouble. She then went home, and returned in fourteen days after the operation. At that time the parts had nearly healed, but there still remained a hard mass in the posterior wall of the cervix. She was again etherized, and the remaining portion of the tumor removed by enucleation. The operation was performed by making an incision through the mucous membrane, on each side of the stump left by the écraseur, and then dissecting out the tumor with a probe-pointed curved scissors. The patient remained in the hospital for a short time, during which the wound healed very favorably. Since then she has fully regained her health, and menstruates regularly and normally. The uterus has returned to its normal size, shape and appearance, except that there is a scar on the posterior lip of the cervix, where the tumor was situated.

Remarks.—In the management of fibroids of the uterus, the indications for treatment are the same as that which applies to tumors generally. Whenever the growth endangers the life, or materially affects the comfort of the patient, we are advised to remove it, when it can be done with safety to the patient. We cannot always fulfill the indications in cases of tumor of the uterus. These growths are very often located where we cannot reach them, as, for example, when they grow from the external surface of the uterus, beneath the peritoneum. Fortunately, in this case the tumor was within reach. The process of enucleation, by which we removed the last half of the tumor, is an operation which is practiced more frequently now than in former days, and though difficult and dangerous, the results, in well-selected cases, are gratifying. The question might be asked here, Why we did not enucleate the tumor at first? This can be fully answered by recalling the fact that the portion of the tumor which projected from the cervix completely filled the vagina and prevented the manipulations necessary in enucleation.

Epithelioma of the Cervix Uteri—Removal.

History.—Louise M., æt. 32 years, married eleven years, and the mother of one child ten years of age. The catamenia began at fourteen years of age and have been regular,

but scanty. Her general health has been good up to two years ago, since which time she has been complaining more or less.

Present Condition.—The symptoms in this case presented nothing very definite. They are wandering pains, considerable bearing down and slight leucorrheal discharge. Her appetite is poor and she has been gradually failing in strength. The secretory organs act normally.

Examination.—Though the general history indicated no very marked uterine trouble, yet it was thought best to make a physical exploration. Vaginal touch showed the uterus somewhat lower in the pelvis than usual, and the leucorrhœa rather more abundant than was inferred from the statement of the patient. On the anterior lip of the cervix there was a hard and peculiarly nodular portion. The speculum was used to bring the parts into view, and the suspicious feel to the cervix more closely examined. The diseased part was found to be circumscribed, and well defined from the surrounding tissues. While the evidence was strongly in favor of an epithelioma, yet a diagnosis could not be made with certainty, and the patient was advised to wait further progress. She appeared at a later clinic, and with no improvement in her condition. She then desired the removal of the mass if it was thought best. On re-examination the abnormal part presented more advanced signs of malignant disease, and was beginning to ulcerate. It was, therefore, decided to remove it by amputation of the cervix.

Comments.—The history of this case illustrates two very interesting points. First, the fact that the early stage of malignant disease of the uterus is not attended with any marked symptoms. This is why patients put off consulting a physician until the disease gets beyond the reach of treatment. Again, when we can examine the uterus, when the disease is just beginning, it is not possible to make a correct diagnosis. She must wait until the clinical history of the affection is partially developed before we can make sure of the nature of the trouble.

Treatment.—The patient was anæsthetized and the cervix removed by the flap operation with curved scissors. The parts were then brought together and the mucous membrane drawn down and held by fine sutures. The parts healed nicely and presented a good stump. The patient left the hospital and has not reported her condition since. It may be presumed that she remains well. This plan of treatment answers very well in cases where the disease has not advanced far. When the whole portion involved can be cut away and leave tissue enough to make a good stump, the results are usually very satisfactory.

Case of Carcinoma Uteri—Removal by the Galvano-Cautery.

History.—This case first came to the outdoor service in November, 1870, and gave the following history. Elizabeth B., æt. 40 years; married 26 years; has had two children, the last sixteen years ago. The menses have always been regular up to three years ago, and since then it has continued three weeks at a time, the discharge, of a pinkish color, containing clots. She complained of severe pain in the back and constant pelvic tenesmus; free leucorrhœa, appetite poor, bowels regular, micturition frequent and painful, sleeps well, abdomen tympanitic, very anæmic in appearance.

Examination.—Physical exploration at this time revealed the anterior wall of the cervix very much enlarged, and appeared hard and indurated to the touch. The cavity of the uterus was increased in size. Suspicion of malignant disease was entertained, and she was ordered to return from time to time for further observation. She was put upon quinine and iron, in connection with Fowler's solution and anodynes, to relieve pain.

Progress of Case.—This patient presented herself several times up to the following March, and though her general health was somewhat improved under the above treatment, the local difficulty gave unmistakable signs of slow but persistent progression. From this time she failed to appear at the clinic, and nothing was heard of the case until August, 1872, when she was seen at her home, and found to be suffering intensely. She was having profuse menorrhagia, and in the intervals a constant watery discharge, very offensive. Complained of lancinating pain, referred to the back and inguinal region; micturition very frequent and painful; bowels were regular, appetite poor, very nervous and not able to sleep at night. Her complexion was waxy, her whole appearance denoting extreme anæmia; lower extremities œdematous. An examination at this time gave evidence of the rapid progress of the disease, and left little doubt of the diagnosis. The entire anterior wall of the cervix was involved and the vaginal walls implicated to some extent. The morbid growth had begun to ulcerate and break down. It was considered useless to operate, and she was ordered to continue the medicine before given, and such other medication as would relieve her sufferings. Shortly afterwards she had an attack of flooding that could not be controlled except by the use of the tampon. On further consultation it was decided to remove as much of the mass as possible, with the view of restraining the excessive hemorrhage, which was threatening her life.

Operation.—This took place the latter part of August. Having been etherized, Prof. Skene removed, by the galvano-cautery wire and knife, as much of the diseased tissue as was possible. This was accomplished with difficulty, as the tumor, which filled the lower and anterior portion of the pelvis, was such that the wire loop of the cautery could not be made to retain its hold. To obviate this difficulty a long needle was passed through the nearest portion of the growth, and the two ends left projecting. The loop of wire was then passed over the needle so

as to embrace all that portion anterior to it. The wire was heated and the part separated. The whole mass was removed by sections in this way, the cautery knife being afterwards used to detach such portions as could not be reached by the wire loop. She rallied well from the operation, and was carefully treated for some time with nutritious diet and supporting remedies. Her health rapidly improved, so that she was able to attend to her household duties and walk out in the street, and, with the exception of some intermittent pain, her recovery seemed perfect. The menorrhagia and offensive discharge stopped. Considering herself well, she was discharged from the clinic, with the advice to return if there should be any renewal of the old symptoms. Nothing was heard from her until October, 1873, when she reappeared. Since the operation she had enjoyed admirable health and comfort. Lately she began to complain of a slight abdominal discharge of blood. An examination was made, which showed that the disease was beginning to make its reappearance. The stump showed signs of ulceration in a slight degree. She was requested to return in a month, so that we might observe the progress of the disease and use further treatment. This case illustrates the advantages of operation, even in an advanced stage of cancerous growths, merely as a palliative measure. This patient has enjoyed more than a year of comfort and life, while there is no reason to doubt that without this treatment she would have succumbed to the exhaustive discharges within a few months. The disease will eventually destroy her, but the credit of prolonging her days must be admitted by all who saw the case and know the history of similar patients.

Medical Societies.

VERMONT STATE MEDICAL SOCIETY.

The Vermont Medical Society held its fifty-ninth annual session at Montpelier, October 8th and 9th. At the appointed hour, Dr. H. D. Holton, of Brattleboro, called the society to order, and the proceedings of the June session were read by Dr. L. C. Butler, of Essex, Secretary.

Dr. Goldsmith, of Rutland, one of the Commissioners for Vermont, for the national celebration at Philadelphia, July 4, 1876, spoke of the proposed International Medical Congress to be held at the same time and place, for which arrangements are now in progress, and mentioned as among the subjects which would be considered, the unification of our Pharmacopœia. The Doctor suggested that the society should take some action in relation to the subject, and be represented in that Congress.

Dr. H. S. Brown, of St. Johnsbury, presented a report on the subject of the so-called *Gastric Fever*, which has been prevalent in Caledonia and Orleans Counties. Responses to inquiries from different members of the society elicited the facts that it did not occur as an epidemic, was fatal in but few cases, emitted a peculiar penetrating odor of an acidulous character, attached to the person and not to the vomit, has little attending fever, presents vomiting as the most prominent symptom, and persists, in spite of all remedies, in running a course of two to six months.

A paper on the *Alkaline Sulphites* and *Bisulphites*, in which the history, nature and therapeutic uses of these remedies were presented, and strongly commended to the consideration of the society by Marshal Calkins, M. D., of Springfield, Mass., was read by the Secretary, in the absence of Dr. Calkins, and referred to the Committee on Publication.

Dr. J. N. Stiles, of Windsor, reported a case of facial neuralgia originating from defective teeth and alveoli, in which all the usual remedies had been applied without avail, but which finally yielded to the application of ice, the pain being relieved in half an hour.

Discussion upon the subject of typhoid fever followed, and was participated in by almost every member of the society present.

Dr. Goldsmith opened the discussion with the following views:—

Typhoid fever is a specific disorder. The malaria which produces it produces that disease only. Whatever the circumstances under which it exists, it follows the law of continuous succession. As small-pox virus produces nothing but small-pox, so the virus of typhoid fever produces only that fever. This malaria is capable of independent production. The excreta may be passed into a large reservoir, yet, if carried away from that, will produce the disease. The medium of this malaria is in the fæcal matter, not demonstrated by the microscope, but will still infect, and is only produced in human excreta. The emanations from the sewers of a large city inevitably produce the disease in families coming under its influence. The malaria of yellow fever or cholera, added to human excreta, has the capability of converting the whole mass to the poison of cholera and yellow fever. These views are sustained by the best medical authority, which the Doctor quoted. How does it get into the system? By drinking it, as in the schools where the fever has broken out? By breathing it, and so infecting the blood? This is the common opinion. Does it enter into the air-cells? Tyndall says, as to floating bodies in the air, or suspended animal matter, the air in the air-cells is chemically pure. We may swallow it with the saliva and it may enter the system in that way, and it is not demonstrable that it enters in any other way. Has any one seen any of this ferment in the blood? Has its existence there ever been demonstrated? Hospital gangrene was once supposed to be a constitutional disease, but the local application of bromine to gangrenous sores in the army exploded that idea, and

zymosis disappeared with the cure. When we aborted the local, we aborted also the constitutional disease.

The ulcerations of Peyer's glands, always present in typhoid fever, are the result of a specific poison introduced from without. The disease begins with disturbance of the bowels, generally in the lower part of the small and the upper part of the large intestines, extends in the line of the fæces, and the ulceration begins when the fæcal matter is the most perfect. The febrile state has no relation to the intensity of the ulceration, but is independent of it. It is not the yeast plant itself that produces intoxication. The plant, for that matter, may be swallowed with impunity and carried along the alimentary canal. It is the educt of the yeast plant that produces the mischief. So it is the educt of this ferment along the intestines that produces typhoid fever. To abort the disease we want a remedy that will do in the intestines what it will do for the fæcal matter in the stool. Its operation will be that of a disinfectant.

The discussion was continued by Drs. Carpenter, Bradford, Stiles, Butler, Holton, Putnam and others, by whom the zymotic character of the disease, or that of a specific virus acting upon the blood and producing fomites, was very ably stated and defended.

On motion of Dr. Goldsmith, a committee was appointed to prepare a series of specific questions upon this subject, to be referred to each physician of the State for special inquiry and reply. Drs. Goldsmith, Bradford and Butler were appointed that committee.

On Wednesday evening the society listened to a very able and interesting address from President H. D. Holton.

Drs. Putnam, Holton and Butler were appointed a committee to carry out the recommendation of the President relative to a State Board of Health.

On Thursday morning the Committee on Nominations made their report, as follows, and the persons named therein were unanimously elected to the several offices designated: President, L. C. Butler, Essex; Vice-President, H. S. Brown, St. Johnsbury; Secretary, E. S. Peck, Burlington; Assistant Secretary, S. S. Clark, St. Albans; Treasurer, D. G. Kemp, Montpelier; Auditor, C. M. Chandler, Montpelier.

Editorial Department.

Periscope.

The Treatment of Asthma.

The following extract is from a lecture by Dr. C. T. Williams, reported in the *Lancet*:—

1. *Stimulant Anti-spasmodics.*—A certain number of asthmatics gain relief by sulphuric ether, by strong coffee, and even alcohol. One of the most recently introduced of this class is the nitrite of amyl, which, by acting as a violent cardiac stimulant, sometimes relieves the spasm.

2. *Sedative Anti-spasmodics.*—This is an almost endless class; and if the sufferer perseveres he generally gets relief from one or more members of the group, which includes datura stramonium, tatula, belladonna, hyoscyamus, tobacco, lobelia, Indian hemp, and others. With regard to stramonium, belladonna, and henbane, their use was dictated, as is well known, by the experiments of Dr. C. J. B. Williams, who found that in animals poisoned by these drugs the bronchial tubes were dilated and incapable of being excited by any stimulus, and presented a marked contrast to the results of opium-poisoning, where the bronchial tubes were found contracted after death. Both stramonium and belladonna seem to act most beneficially in the slighter cases; but where they cause dryness of the throat, or even delirium, they seem to have little effect on the bronchial muscle. I found far more satisfactory results follow the use of the extract of stramonium made from the seeds, in quarter-grain to half-grain doses, than in smoking the cigarettes of the leaves, which, however, have a high repute. Lobelia is a valuable agent when used in sufficiently large doses; but to do much good it must be administered, not in doses of from ten to thirty minims, as is often done, but a drachm at a time, and repeated every three or four hours until some effect is produced. Tobacco when smoked has a sedative influence, but when taken into the stomach is a very unsafe remedy, it being necessary to push it to the extent of vomiting before relief comes, and ofttimes alarming symptoms of failure of the circulation follow. Indian hemp has been used, and with a certain amount of success, but it occasionally gives rise to curious head symptoms, and therefore requires careful watching.

Inhalations of various kinds, and smoking the different kinds of cigarettes often do good if the spasm be not very severe; but when this is the case we must expect them to fail, as they generally do, from the great difficulty of introducing them into the system. It is then that hypodermic injections of morphia come in useful, and, by inducing slumber, relax the spasm. The dose should be from one-sixth to one-fourth of a grain, repeated from time to time, and their use is at once contra-indicated by any blueness of the face or signs of obstructed circulation.

In very obstinate cases you will find that sometimes all drugs fail, chiefly on account of the difficulty of introducing them into the system, and the fit gradually wears itself out, generally through the carbonic acid accumulating in the lungs and inducing anæsthesia of the mucous membrane, and thus relaxing the spasm.

I can testify highly to the benefits of chloroform inhalation in the worst cases, in many of which it has acted like a charm, and sent the sufferer into a calm slumber, from which he has awoke free from dyspnœa. In others the relief is temporary, and the spasm returns as severely as ever. The objections to the use of chloroform seem to me to be twofold. First, it sometimes, in small quantities, i.e., less than one drachm, causes intermittence of the pulse; second, it cannot with safety be entrusted to the patients themselves.

For these reasons I determined to follow Professor Biermer's example, and try the nearest and safest approach to chloroform, viz., chloral, and I selected for the purpose several cases where the fits were of long continuance, and marked by only short intermissions. The chloral was given in doses of from fifteen to twenty grains, in an ounce of peppermint water, every three or four hours. The effect in almost every instance was that the patients fell fast asleep after the first dose, and slept in a recumbent posture for a few hours, which they had not been able to do for days and weeks. On awaking there was a tendency of the spasm to return, which was generally obviated by two or three repetitions of the large doses. The breathing gradually became quite free, except when considerable emphysema existed, and here the asthmatic spasm was removed, and only the habitual dyspnœa remained. The doses of chloral were then reduced, and gradually discontinued.

Having succeeded with the most troublesome form of asthma, I next tried the drug in cases where the attacks, though severe, are far from periodic, appearing at a fixed hour every night, and completely disappearing every day. Here the chloral seemed still more successful, as a large evening dose generally afforded a good night's rest, and steady perseverance with the night draughts seemed to break the habit of the attacks, and eventually to get rid of them altogether. After this I have tried chloral in most forms of spasmodic asthma, and it is not to be wondered at that it has become a favorite prescription in my wards.

In the twenty cases in which I have used it, speedy relief has been obtained in all. In two this has only been temporary; in the other eighteen permanent. In three cases where the scruple doses have been repeated several times, the patient complained of queer sensations in the head, and in one of these, a very obstinate case, where the chloral was continued for days, the patient complained of feeling muddled. Vomiting came on, which disappeared on the appearance of a purpuric eruption on the legs. The drug was of course discontinued, and in a few hours the wheezing, which had ceased, returned. This was the only instance of bad effects following.

Diabetes Treated by Galvanism.

In the *Wiener Med. Wochenschrift* Dr. BISCHOFF relates the case of a patient, forty-four years old, who had for thirty-two days discharged on an average daily 2885 *grammes* of urine and 24.6 *grammes* of sugar. In consequence of intercurrent occipital neuralgia, galvanism was applied to the neck. The negative electrode was applied high on the neck, and the positive between the angle of the lower jaw and the mastoid process, then over the supraspinous fossa; and again, the positive pole being retained in the latter position, the negative pole was drawn twelve or fourteen times over the course of the occipital nerve and the cervical spinous processes; finally, the negative pole was applied alternately in the right and left supraclavicular fossæ, and the positive in the epigastrium and over the liver. This treatment was continued, the application in each place being made for one or two minutes daily, for thirty-two days. The daily quantity of urine became reduced to 2056 *grammes*, and that of sugar to 11.69 *grammes*. Two months after the galvanism had been left off, an examination of the urine for fourteen days showed that the quantity discharged daily had risen to 2488 *grammes*, and that of sugar to 19.87 *grammes*. On the death of the patient, a year and a half afterwards, there was found to be chronic disease of the vessels in the floor of the fourth ventricle and the neighboring parts of the brain.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A book that promises to be very entertaining is now on the anvil. It is the autobiography of Dr. Granville, whose practice was great, not only in England and its metropolis, but in Russia and St. Petersburg, and at all the German spas. He was a pupil of the celebrated Volta, and obtained a diploma at the early age of nineteen. He served in the Turkish as well as in the English navy, and witnessed some strange scenes. One of his eminent patients in later years was Lord Palmerston, whose life he saved at the time of the cholera by the use of a heated smoothing iron applied to his spine. Sir Henry Holland's charming reminiscence will probably be eclipsed by the proofs of frankness which abound in the forthcoming volumes.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOV. 8, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE ULTIMATE OF SCIENCE.

The rapid advance of modern medicine is due to the application of all the physical sciences to its purposes, chemistry, natural history, and their allies. Hence the importance to every enlightened physician to acquaint himself, at least in outline, with their progress.

This, of late years, has been indeed vast; and the immense aggregation of facts and lesser generalizations have rendered more and more urgent some universal expression which can contain them all, some supreme law which will reach as far as the human mind can go, some ultimate truth where the restless thought can repose and seek no further. What we hold this ultimate truth to be must influence our views of science, life and nature most materially, and therefore we deem it in place to explain to our readers the two camps into which the scientific world is divided on the important scheme.

The reduction of light, heat, electricity, magnetism, chemical affinity, and nervous power to correlated Forces, and these again to forms of Motion, is by this time familiar to all reading men, and on the words of this general formula there is no material wrangling. But on the *meaning* of the terms Force and Motion the dispute begins. Let us recapitulate the heads of the discussion, giving a hearing to each side.

What, then, is Force, or, a Force? What do we mean by this term?

On the one hand, there is the purely physical school of thinkers, represented in England by such men as Prof. MAXWELL, of Cambridge; Prof. BAIN, of Aberdeen; and Prof. TYNDALL. These say Force *is* Motion; in the words of Prof. BAIN: "*Inert matter in motion* is the definition or generalization of Force." (*The Logic of Induction*, page 21.)

On the other side, we find such equally eminent thinkers as the late Dr. WHEWELL, of Oxford; Prof. BAYMA, of Stonyhurst; and Mr. J. CROLL, of the Geological Survey of Scotland. These mean by Force something quite different. Prof. Bayma, for example, says: "Force is not the action, nor the motion, but the intensity of the action measured by the quantity of motion which in given circumstances the action is capable of communicating." (*The Elements of Molecular Mechanics*, p. 14.) Heat, for example, is not force, nor a force; the force in heat is the intensity of the calorific action.

Another antithesis of views appears when we inquire concerning the cause and nature of motion. The first mentioned school hold as a fundamental doctrine that motion is indestructible, omnipresent, and eternal. This is denied straight out by Prof. BAYMA and others. That learned mathematician distinctly defends, in the first book of his *Molecular Mechanics*, the following thesis: "An increase or decrease of intensity in motion is always due to a real production or extinction of velocity." He denies *in toto* both the indestructibility and the transmission of motion. The latter apparent phenomena he explains as *propagation*, not transmission, each molecule exerting inde-

pendent action to arouse the action of the adjoining molecule. Nevertheless, he points out the broad and true distinction between *production* and *creation*, *extinction* and *annihilation;* and does not apply these latter terms to motion. To put it in metaphysical terms, he regards motion as an accident and not as a substance; there remains a Substance behind it.

This view is substantially that the cause of motion is a permanent action exerted by or through the particles or molecules of matter. This action may be reduced to universal attraction under the form of the Newtonian law of gravitation, or universal repulsion, according to the theory of Prof. NORTON, in this country.

But of the nature of this Action regarded as a cause of motion there is a similar disagreement. Prof. BAIN considers the question an idle and a foolish one, and does not spare hard words for those who ask it.

"Transferred energy," he says, "is the final or sufficing explanation of all change, and the only explanation in the highest sense of the word. "And again, speaking of logical fallacies, "The greatest fallacy of all is the supposition that something is to be desired beyond the most generalized conjunctions or sequence of phenomena." (*Logic of Induction*, pp. 30, 126.) So also Prof. J. CLERK MAXWELL, in his *Theory of Heat*, p. 281, emphatically says: "When we have acquired the notion of matter in motion, and know what is meant by the energy of that motion, we are unable to conceive that any possible addition to our knowledge could explain the energy of motion, or give us a more perfect knowledge of it than we have already."

This is very positive language, almost dogmatic, but it need not frighten us, for there are not less eminent defenders of precisely the opposite view, who maintain that neither motion nor the energy of motion (force) is competent to explain physics, nay, who say they can give no sort of proper explanation at all. Dr. WHEWELL, for example, says: "The idea of Force as distinct from mere motion, as the Cause of motion or of tendency to motion, is not less real *because it implies volition.*" (*History of Scientific Ideas*, vol. ii, p. 251.)

Here is the secret bone of contention! This idea of a Volition behind the most general laws of phenomena is the notion hated by the purely physical school, their *bête noir*, the cloven foot they always suspiciously look for in any theory but their own. It is in truth the fulcrum of the controversy. They flatly deny that it should be permitted any entrance into the discussion. They say it is "incompetent and unmeaning." (*Bain, ubi suprà*, p. 127.)

But against them Mr. J. CROLL asserts that the Determination (*i. e.*, the direction, regulation, or application) of motion is something very different from its Production. If Force guides itself, by virtue of *what* does it do so? Energy cannot direct energy. The determination of molecular motion is something else than the laws of that motion. They are merely the results of observed sequences; they are not regulative; or if regulative, then they mean something very different from an empirical law. *Form* can never be the product of forces; it is not their result, but the result of the *way* in which they are applied, the effect not of the forces but of that guiding or directing power which rests behind them. (*London Philosophical Magazine*, July, 1872, pp. 5–25.)

He and those with him insist that the Law of Causation can never offer a completely satisfactory explanation to the human mind. No matter how far up it is carried, no matter how supreme and universal the generalization reached, the mind cannot help still inquiring for yet another proximate cause. This Professor BAIN pronounces to be inept; "the limits of Explanation are the limits of Induction" is his dictum, and true as it is, it is not the whit more satisfactory for all

that, and no matter how many logicians sustain it, the mind itself will not.

And why not?

Because there is a wider, a more comprehensive truth, which decrees that no explanation dependent on the physical laws of causality can satisfy the thinking faculties; that they require, that they incessantly and increasingly demand, the ultimate reference of every law of phenomena to a law of Intelligence. Derided and despised as this instinctive longing may be, it will remain still importunate and clamorous until it is recognized, listened to, respected, yes, honored, and at last assigned its just position as the truest and grandest instincts of man's nature.

Notes and Comments.

The Origin of Yellow Fever.

The Chamber of Commerce of Galveston, Texas, has appointed a commission to make exhaustive investigation into the cases of yellow fever which may occur until the disease becomes epidemic, so as to ascertain all facts which can have any bearing upon the origin or importation of such cases, and to that end to obtain the written examinations of surviving patients, physicians and others, who can throw any light upon the subject, and report such examinations to the Chamber of Commerce, when they will be printed for the use of the medical faculty, and for the information of the public. The investigation is to be made "irrespective of all theories and preconceived opinions, that the whole truth, and nothing but the truth may be arrived at," and the co-operation of the medical fraternity in the work of the Commission is earnestly asked.

Dangers from Chloral.

Quite a number of serious results from medicinal doses of chloral are reported in the German journals. Dr. Arndt relates one case of general paralysis, who got chloral to subdue restlessness and cause sleep. In about a month his appetite fell away, and he complained of pain in the stomach, and in a week after died. On examination the arteries of the brain were atheromatous. The stomach was found to be deeply diseased, the mucous membrane eroded in many places and easily torn; the larger vessels widened in calibre, and the smaller ones burst in some places, so that extensive ecchymoses were formed. There was a perforation the size of a thaler in the posterior wall of the stomach. The author believes that this death was owing to the use of chloral given in ordinary medicinal doses, and that death was brought about by its exciting inflammation of the stomach and bowels, which sometimes causes jaundice. He gives a large number of observations, principally from German periodicals, where chloral appears to have been the cause of unpleasant or dangerous symptoms. These are of a varied character; the most frequent one noticed is the appearance of a rash or flushing of the face, eyes, and neck. Schüle found from examination through the ophthalmoscope that the injection of the capillaries extended to the retina, and thought that it extended to the brain. Other authors give instances where chloral appeared to cause congestion of the brain, purpura, œdema of the feet, etc.

Invalid Climates.

A comparison of three places of invalid resort, Mentone, France; Aiken, South Carolina; and Anaheim, in Southern California, for the months of December, January and February, has been made by Francis S. Miles, of New York. He says that at Anaheim, an invalid could have been out of doors all day during 81 days, and would have been confined in doors by bad weather 9 days. At Mentone there were 67 fair days and 23 bad days, and at Aiken, 53 fair and 37 bad days. The average temperature at Anaheim, during the three winter months, was 61 degrees; at Mentone, 48⅓ degrees, and at Aiken, 53 degrees.

Pyromania.

The following description of a typical case of this curious neurosis is detailed by Dr. Meschede, in the *Zeitschrift fur Psychiatrie*.

Natalie X commenced to have fits when three years old. She gradually became violent and unmanageable, especially when the fits were more frequent than usual. At last she became very dangerous, attacking animals and children with pointed instruments, and trying to set things on fire. When questioned she said that an inner voice drove her to do what she was blamed for. She several times set fire to the Asylum of Schwetz, where she was confined. She died

at the age of eighteen, a confirmed epileptic maniac, apparently of phthisis pulmonalis. On examining the body the skull was found asymmetrical, the left cavity being larger than the right. On the Clivus Blumenbachii, just behind the sella tursica, there was a prominent osseous growth in the form of a crest; the arachnoid at the lower part of the brain thickened and less clear than usual. The substance of the brain was tougher than usual; the pons and medulla oblongata, especially the olivary body, were hardened.

CORRESPONDENCE.

Therapeutics of the Nausea and Vomiting of Pregnancy.

EDS. MED. AND SURG. REPORTER:—

Gastric irritability is the normal condition of pregnancy. And while this exhibition of uterine sympathetic action is usually a prelude of safety to mother and child, it occasionally threatens to imperil the lives of both. The consideration of the propriety, and the actual production of abortion, under these circumstances, with the view of saving the health and life of the female, render the therapeutics of excessive gastric irritability of more than ordinary importance.

The prescription and commendation of a long array of remedies attest the obstinacy which medical men occasionally encounter in their efforts to combat this manifestation of inordinate sympathetic irritation.

Medicines possessing entirely different therapeutic value, and having opposite relations to each other, have been prescribed, with more or less relief to the patient, yet without affording an entirely satisfactory solution of their "modus operandi."

Now and then, however, it occurs to every practitioner to meet with cases which resist all the armamentaria of the "Materia Medica," and it is with the view of meeting these obstinate cases that the following brief exhibit of the virtues of *nux vomica* has been prepared.

Without claiming any originality in the use of this drug, the following case assuredly confirms the value which has been attached to it, and demands recognition in the consideration and treatment of inordinate gastric irritation from pregnancy.

I was called, in her fifth pregnancy, to visit Mrs. S———, a lady of decidedly nervous temperament, and who had, for a number of years, been a victim to severe and obstinate paroxysms of neuralgia of the head, neck, and shoulder.

The distressing nausea and vomiting had been decidedly prominent in previous pregnancies, and her physicians, with their varying prescriptions, had failed to mitigate the symptoms in the slightest degree.

With the expectation that my remedies would share the fate of my *confreres*, I commenced the treatment by the administration of the following combination, recommended highly by Prof. White, of Buffalo:—

℞.—Cerii oxalatis,
Bismuthi subcarb.,
Pepsinæ, āā ʒ. M.

Divide into 12 powders; one three times a day.

This failed to afford any amelioration. Oxalate of cerium alone was tried, and with a similar result. With a faint hope, I then directed two drops of tincture of *nux vomica* to be given every two hours.

This produced a *decided impression* upon the symptoms and afforded infinite relief to the patient, without the development of cramps, which have been attributed by Lobach to the use of this drug.

L. S. BLACKWELL,
Bound Brook, N. J., Oct. 29th, 1873.

Ilio-Jejunal Stricture of the Intestine.

EDS. MED. AND SURG. REPORTER:—

A post-mortem examination made upon the body of Mrs. W., of New Braintree, Mass., October 18th, revealed a stricture of the bowel at about the ilio-jejunal junction. In looking up the literature of this subject I find that a very large majority of the cases of stricture of the bowel occur in the sigmoid flexure of the colon or rectum. Of seventy-seven cases tabulated by Geo. Pollock, the seat of stricture in sixty was sigmoidal or rectal. In one half of these the causus morbi was carcinoma. A non-malignant stricture of the intestine at the ilio-jejunum, it seemed to me, might appropriately knock at the door of your columns for admission.

Mrs. W. came under my care about the middle of July last. She had been conscious of failing physical powers for upwards of two years, but did not take her bed until about the first of June.

The whole train of symptoms presented certain evidence of intestinal obstruction. While there was regurgitation of more or less of the ingesta for the last three months of her life, there was never complete obstipation. An alœtic pill taken every day or two sufficed to move the bowel, but there still continued evidence of progressive obstruc ive action. The sectio cadaveris revealed the seat of stricture, which, while not complete, prevented all peristaltis. A goose quill could be passed through the opening.

The cause of stricture, in the opinion of the medical gentlemen present, was the contraction of the cicatrix of an old ulcer. The whole intestinal tract was the seat of inflammatory action, sub-acute in character. The base of the cæcum was tightly adherent to the surrounding tissues, admitting of no motion whatever. It was in this portion of the bowel that the patient was first conscious of pain and tenderness, all of which symptoms had ceased many weeks before death ensued. The spleen was very much atrophied, being about one-third the natural size.

A. G. BLODGET, M. D.
West Brookfield, Mass.

News and Miscellany.

The Quincy, Ill., Medical College.

The following is the Faculty of this newly organized institution:—

Joseph Robbins, M. D., Professor of Theory and Practice of Medicine.

H. W. Kendall, M. D., Professor of Principles and Practice of Surgery.

Addison Niles, M. D., Professor of Obstetrics.

R. W. McMahan, M. D., Professor of Diseases of Women and Children.

M. Rooney, M. D., Professor of Materia Medica and Therapeutics.

I. T. Wilson, M. D., Professor of Medical Jurisprudence and Hygiene.

Wm. Zimmermann, M. D., Professor of Clinical Medicine and Pathology.

L. H. Cohen, M. D., Professor of Chemistry and Toxicology, and Lecturer on Diseases of the Uropoietic System.

C. A. W. Zimmermann, M. D., Professor of Systematic and Surgical Anatomy.

Wm. A. Byrd, M. D., Professor of Physiology and Clinical Surgery.

Prof. H. W. Kendall, M. D., *Dean of the Faculty.*

Prof. L. H. Cohen, M. D., *Secretary of the Faculty.*

American Medical Association.

PHILADELPHIA, October 17th, 1873.

Volume XXIV, of the *Transactions*, is now ready for delivery. Subscribers will please forward at once THIRTY-SIX CENTS, to prepay the postage.

Attention is called to the following ordinance:—

"*Resolved*, That if any member fail to reply for more than one year to the circular sent to him by the Committee of Publication, he shall forfeit his right to the volume, and it shall revert to the Association, to be sold to any applicant at the current rates." (*Vide* TRANSACTIONS, Vol. XXI., p. 30).

Very respectfully,

WILLIAM B. ATKINSON,
Permanent Secretary American Medical Association, No. 1400 Pine street.

Arrest of a Physician.

In the village of Quincy, in this State, a physician named Dr. Hess has been arrested on the charge of causing the death of his wife by means of poison. The stomach of the deceased woman has been sent to this city to be analyzed.

The Cholera.

In Vienna there were, from the 16th of July to the end of September, 3020 cases of cholera, of which 1230 proved fatal. The latest accounts show that the disease is sensibly abating.

"The cases of cholera," observes the Naples correspondent of the London *Times*, writing on the 28th ult., "up to this day, may be put down as being nearly 300, many of which have proved fatal."

For Sale.

One Drescher's Battery. Apply at this office.

—Over 1000 persons were reported sick with yellow fever in Memphis, Oct. 24th.

MARRIAGES.

ARMS—AVERY.—At Grace Church, College Hill, Cincinnati, October 16th, by the Rev. A. F. Blake, Charles J. Arms, of Pittsburg, and Alice, daughter of the late Charles L. Avery, M. D.

BLAKEMAN—VOSBURGH.—October 23d, at the residence of the bride's parents, by Rev. Dr. Upson, Caldwell Robertson Blakeman, son of Dr. Wm. N. Blakeman, of New York, and Sarah Fletcher, Vosburgh, daughter of J. W. Vosburgh, Esq., of Albany.

CORNELL—SCOVEL.—At Christ Church, Detroit, on October 14th, by Rev. John W. Brown, assisted by Rev. George Worthington, Richard R. Cornell, of Buffalo, and May B. Scovel, only daughter of the late Dr. J. A. Scovel, of Detroit.

CULVER—BEALE.—October 23d, 1873, at the residence of the bride's parents, Germantown, by the Rev. A. Culver, Mason M. Culver, of Philadelphia, and Louise B., daughter of S. T. Beale, M. D.

GRIM—ROBERTSON.—By Rev. J. D. Moorhead, September 24th, at the house of the bride's mother, William Grim, M. D., and Miss Amelia Robertson, both of Beaver Falls.

HOFF—MORGAN.—In Germantown, October 23d, 1873, by the Rev. Wm. N. Diehl, rector of the Church of St. John the Baptist, L. Bainbridge Hoff, M. D., and Lillie A., daughter of the late Wm. McK. Morgan, M. D., of Pittsburg, Pa.

MADEIRA—KING.—By Rev. John Kerr, October 9, at the residence of the bride's mother, Sydney P. Madeira, formerly of Pittsburg, to Eliza C., eldest daughter of the late Wm. H. King, M. D., of Monongahela City.

MEARS—SIMONS.—October 21st, by the Rev. Dr. Harper, Dr. J. Howell Mears and Emily E., daughter of Peter B. Simons, all of Philadelphia.

PIERCE—SHUMARD.—At Fayetteville, Arkansas, at the residence of C. W. Walker, Esq., October 9th, by Elder S. K. Hallam, Dr. C. W. Pierce and Mrs. Isabella C. Shumard, all of Fort Smith.

SHEPHERD—FRANCE.—By Rev. S. L. Dickey, assisted by Rev. J. A. Jackson, October 7th, at the residence of the bride's father, Mr. Wesley H. Shepherd and Miss Helen A., eldest daughter of J. B. France, M. D., all of Harlem Springs, O.

SHEPLEY—JAMES.—By Rev. S. H. Shepley, assisted by Rev. S. W. Holliday, at Brady's Bend, Pa., Oct. 8th, Mr. Charles H. Shepley, of Petrolia City, Pa., son of the officiating clergyman, and Miss Ida M., daughter of J. W. James, M. D., of Brady's Bend.

SWEZEY—MILLER.—October 21st, at the residence of the bride's parents, by Rev. Howard Crosby, D. D., Gilbert H. Swezey, M. D., and Susan E. Miller, both of New York.

WAUGH—LASHER.—October 25th, 1873, by the Rev. J. W. Claxton, William F. Waugh, M. D., U. S. N., and Kate, daughter of Francis Lasher, of Philada.

WETHERILL—VALLETTE.—By the Rev. Wm. Suddards, October 22d, 1873, Mr. Charles W. Therill, and Miss Mary E. Vallette, daughter of Dr. E. F. Vallette, all of Philada.

DEATHS.

KEFFER.—September 27th, 1873, Dr. Frederick A. Keffer, aged thirty-three years, a native of Philadelphia, and for many years a resident of New Orleans.

OSTRANDER.—October 27th, Maria W., wife of Dr. Geo. Ostrander, No. 20 Greene av., Brooklyn, N.Y.

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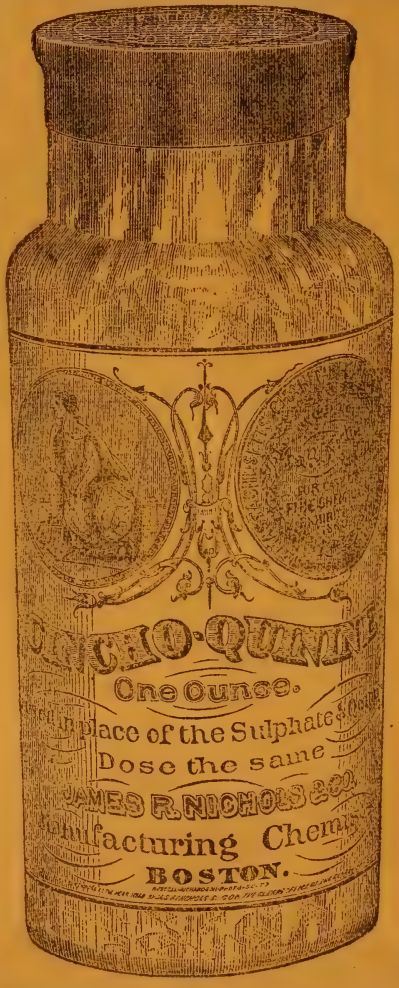

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BY S. W. BUTLER, M. D.

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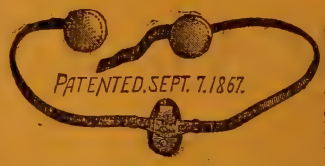

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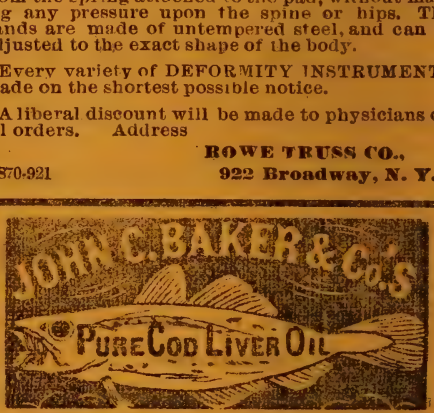

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MEDICAL AND SURGICAL REPORTER.

No. 872.] PHILADELPHIA, NOV. 15, 1873. [Vol. XXIX.—No. 20.

Original Department.

Communications.

OPIUM INTOXICATION.

Address before the "American Association for the Cure of Inebriates," at Binghampton Asylum, New York.

BY JOSEPH PARRISH, M. D., PRESIDENT OF THE ASSOCIATION.

Reported by T. D. Crothers, M. D., Albany, N. Y.

Gentlemen of the Association:—That opium is habitually used as a stimulant, to a very considerable extent, is a well known fact that is beginning to demand a larger share of professional attention than has hitherto been awarded to it. The evils of the practice are not so public and notorious as those resulting from alcoholic excess, for the reason, probably, that the vice is not of a social character, but is chiefly indulged in in private. It is thus used by students to intensify thought and imagination; by delicately organized women to calm disordered psychical conditions, and by morally sensitive persons who do not (for the shame of it) indulge in alcoholic excess, and yet who think they need artificial stimulation of some kind. It is also true that many persons who become enslaved by the drug find themselves so far in the depths of demoralization that they no longer conceal the fact from the public, but indulge with the same abandon of self, and the same disregard of public sentiment that distinguishes the confirmed alcoholic sot, who boasts of his daily number of drinks, and of all the resulting evils of his excess.

It is true that it is difficult to obtain reliable data upon which to base a conclusion as to the extent of this vice, but almost every druggist can testify to the illegitimate use of the drug from the experience of his own shop; and but few physicians of extended practice are without proof of its alarming prevalence. In view of this fact, I presume the presentation of a few cases of which I have had knowledge may not be inappropriate at this meeting. That the victims of this vice look to inebriate asylums for relief in very considerable numbers is a significant fact, which indicates that excess from both opium and alcohol is associated in the popular mind with the same causes, as it is in some respects coincident in results, which would seem to increase the responsibility of those to whom is entrusted the Conduct of Inebriate Asylums, while it serves to illustrate the disease theory by a concurrence of fact and progress, as related to both forms of excess, which is as instructive as it is remarkable.

Before proceeding, however, with the narration of cases, I wish to call attention to what I consider an important point, namely, the necessity of discriminating between the essential poisonous nature of the drug and its physiological effect. We all know that poisons are not only not essentially injurious, in certain conditions of the system, but positively restorative; and that though a given quantity of any poison used in conditions where it is indicated may be very useful, the same quantity given to the same person in opposite conditions will be injurious. I mention this familiar fact because it is one upon which the public mind needs information, and because, in a medico-legal sense, it is often of great importance. There is a popular notion that a poison is necessa-

rily poisonous in all conditions, and in all doses, and while the fallacy of this notion is apparent to us, it is not to be expected that, without instruction, the people will discover the real truth in the case.

It must be remembered, also, that the toxical effect of opium manifests itself differently in different persons, according to the specific tendency in such cases to particular forms of organic lesion.

There exists a peculiar appetency to organic disease of some kind in most individuals. Hence exposure to the same influences, or the habitual use of the same poison, will produce in one case disease of the brain, and in another disease of some of the viscera. That this predisposition resides primarily in the germinal cell there can be no doubt. As the elements of every physiological structure exist in the germ before the time of its maturity, and as in its development there is an unfolding of the physiological life, so the tendency to disease exists in the same germ, and is as certain to be developed, under conditions which are essential to its elaboration, as the embryo itself is certain to develop into a human being.

The pathological life is originally coincident with the physiological life, and either may exceed the other in the rapidity or certainty of its growth and manifestation, according to the age and circumstances influencing the individual.

This variety of tendency to disease which exists primarily in the constitution of men has, if not its analogue, its comparison, in the antagonistic qualities which exist in the same drug, and in the capacity of the human organism to be impressed with either of these qualities.

The drug we are considering will produce quite opposite effects in the same dose, upon different persons. It will excite one, and sedate another; and this must be, in part at least, owing to the variation of susceptibility in the individual. I dwell upon this doctrine of inherent tendency because of its importance to the subject itself, and because it serves to elucidate some points of pathology which may seem obscure without it.

When speaking of opium, I mean all of its preparations, and all the various methods of administering it.

The antagonistic qualities which exist in opium are well expressed in the simple definition of its medical properties, as given by Dr. Geo. B. Wood, in the U. S. Dispensatory. He says, "Opium is a stimulant narcotic."

A moderate dose, given to a healthy person, imparts an increased sense of life; the temperature is augmented; the whole frame seems to be reanimated, and the intellectual powers respond positively and promptly to demand made upon them. This is its stimulant effect. Taken in a narcotic dose, the reverse action is manifested; the patient submitting himself readily to the soporific effect, which is indicated by sleep.

These opposite effects are precisely analogous to those of alcoholic beverages when used in stimulant and narcotic doses, being modified, of course, according to the temperament and appetency of the individual.

In the case of an habitual opium user, when the habit is completely established, and the necessity seems to exist for its continuance, it is curious to observe the rapidity with which the mental and moral qualities respond to the poisonous impression, and react upon each other, as the dose is either stimulant or hypnotic; and it is not difficult to determine, by the temper and mental state, whether the dose has been recently taken, or whether the system is beginning to demand its repetition. An irascible and querulous nature will be rendered quiet and amiable by the accustomed supply at the usual time, and a gentle and long-suffering nature will exhibit the most distressing impatience by withholding the supply, or protracting the regular periods of its administration.

So the intellectual state will be modified or perverted by the irregularity of the dose, either as to quantity or time.

A man of acute intelligence and vigorous brain will fall into a condition resembling vacuity, almost simulating dementia, when the opium stimulus is withdrawn, while this condition will disappear as suddenly, and give place to vivid fancy, or wholesome vigor of judgment, on the repetition of the dose.

As a consequence of this disorderly condition, affecting both the bodily and mental functions, there is in time developed a general hyperæsthesia which makes life intolerable, unless the patient is constantly kept under the control of opium; and this permanent bondage to the drug, of course, cannot be endured without great risk and suffering.

One of its characteristics is obstinate in

somnia, which at times seems to baffle all efforts to induce sleep.

I recall a case of this sort which recently came under my care, in which the patient could get no sleep for seven consecutive days and nights, except under the influence of chloroform, though his habit was to take sulph. morphia in five grain doses. This condition was attended with unusual restlessness. The patient would take long rides into the country, and walk his room by the hour, longing for sleep, but without being able to enjoy it. Fatigue and debility after exertion would prostrate him upon his bed, but with a continuance of the distressing agrypnia, till it was interrupted by the inhalation of chloroform, and it would require from two to three ounces of this to induce sleep, even for a short time. I have known him to walk to and fro at night by the hour, calling upon the Infinite for sleep, or for some one to destroy him, and all this after having taken from five to ten grain doses of sulph. of morphia.

During the continuance of these distressing symptoms the appetite remained good, the patient eating two or three chops and four boiled eggs for breakfast, with coffee, bread and toast. In this case the habit was commenced for the purpose of intensifying mental activity, the subject of it being a public man and a brilliant speaker. He told me that his best efforts in the councils of his state and of the nation were always made under the influence of morphia.

Another symptom which frequently occurs is persistent coldness of the body, and especially of the extremities.

I was recently called, in consultation with his physician, to see a gentleman of refinement and culture, who was taking morphia habitually by the hypodermic method. It was on a hot day last June, the thermometer being about 85 degrees. He was seated in his room with all the windows closed. His apparel consisted of a red flannel shirt, a quilted dressing gown, woolen drawers and stockings; two blankets were thrown over his limbs, and his feet were elevated before a wood fire. He sat in a large stuffed arm chair, his mother and a nurse standing by and rubbing his limbs to keep him warm. Upon examining his extremities they imparted to the touch a sense of cold, and he insisted that he could not get warm. He was extremely restless and had jactitations which simulated chorea, with frequent loud and alarming screams, resembling hysteria from fright. This patient took Magendie's solution of morphia, by hyperdomic injection, suffered from slight insomnia, and yet had a fair appetite. The quantity taken at the time I saw him was 130 drops, or about four grains. Of course the symptoms above noted were the result of a partial withdrawal of supply, and he no doubt could have been relieved by the usual dose.

The patient was predisposed to phthisis pulmonalis, and commenced the use of morphia for the purpose of relieving the cough, and with complete success. He apprehended a return of pulmonary symptoms after its final withdrawal, but he called at my office after the lapse of two weeks from my first visit, having a few days before taken three drops of Magendie for his last dose, and without the recurrence of cough or any pulmonary distress.

The effect of this poison upon the brain and nervous system is to be observed. As anæsthesia is the legitimate consequence of a full hypnotic dose, so hyperæsthesia supervenes upon the use of repeated stimulant doses, which fail to produce hypnosis, and the continuance of this state may culminate in cramp and convulsion. It is a noticeable fact, I think, that the excitant action of opium is often so much more powerful than its soporific effect that sleep is prevented, or at any rate delayed, till the excitant action passes off.

It is also noticeable that active delirium sometimes supervenes upon tonic and stimulant doses, which, when continued habitually, often induce chronic mental aberration, and frequently with a suicidal tendency.

A case of this kind came under my care, in which the mental condition referred to was the result of the habitual use of opium by suppository for three years. The patient was thrown from his carriage, dragged for some distance over the pavement, and fractured the os-innominatum of the left side. To relieve the local pain, the attending surgeon ordered opium suppositories, which were continued during his long confinement, and afterwards kept up till there were evident symptoms of mental disturbance, when he was brought to my notice.

In this case the patient was susceptible of the excitant, rather than the soporific quality of the drug, and his emotional nature quickly responded to it, in manifestations of

passional excitement, which threatened alternately self-destruction and injury to others.

Thus it is that the brain poises itself for awhile, as between the antagonistic qualities of opium; and finally, if the individual be calm and unexcitable, it accepts the hypnotic quality, and allows itself to fall into a sort of chronic repose; while if the patient be sensitive and excitable, his mind finds itself in accord with the stimulant quality of the drug, and it yields to passionate impulses which require restraint.

It is doubtless difficult to recognize in advance the compatibility, or its opposite, which subsists between opium and the constitutional tendency; but that there does exist among the complex nervous actions which distinguish some of these cases an absolute relation between it and the individual tendency, which at once marks its effects as acceptable or repulsive, is so apparent, that a stricter scrutiny is demanded into the occult movements which find such diversified expression in the symptoms of opium intoxication.

There are sometimes quite alarming symptoms which present themselves as the result of disturbance of the spinal and great sympathetic nerves, and the reaction of these upon each other. Among these symptoms are cramps, which may occur in different parts of the body. I have seen the most distressing disturbance of the respiratory muscles producing dyspnœa, and terrible cardiac distress, with feeble and intermittent pulse, from which the patient may rally either by an explosion of the paroxysm in syncope, or by reaction from a sudden inspiration produced by a shock to the olfactory sense; and thus reversing the spasmodic effort. Again, quite a common symptom is severe cramp of the muscles of the lower legs; I have frequently seen them knotted with spasm, from a too sudden reduction of the dose, causing the patient great suffering. From the same cause I have witnessed severe cramps of the gastric and abdominal muscles, attended by exhausting retching or diarrhœa, as the case may be. Among the distressing spinal symptoms which occur at times, may be mentioned a sense of coldness, as the trickling of water along the chord, or sense of wringing or distorting the parts, which approaches opisthotonos.

These are peculiar symptoms, some of which we may invariably look for in attempting to arrest a case of old opium poisoning by a sudden reduction of the supply. Of course it is understood that I am not speaking of those cases of acute poisoning in which persons have taken a large dose for the purpose of self-destruction, or by mistake, in the treatment of which there is but one course to pursue, but of cases of chronic poisoning, from long continued and habitual dosing of the drug.

I have had patients who have taken from five grains of morphia to sixty grains at a dose, those who have taken it hypodermically in quantities varying from three to thirty grains, and those who have taken the officinal tincture (laudanum), and McMunn's Elixir, in quantities varying from three drachms to a pint or more a day; while the suppository case above referred to is the only one of that kind that has come under my care.

I wish here to introduce the history of a most remarkable case of chronic intoxication from opium and whiskey, which has been kindly furnished by Dr. John Van Bibber, of Baltimore, and which I give in his own language, as follows:—

"S. D., age 37, sent for me last spring to relieve him of constant and persistent vomiting, and, as he expressed it, 'an uneasy feeling in his head.' Every therapeutic means that could be thought of failed to effect in the least the distressing condition of his stomach. The following history furnished ample cause for his singular condition. When 31 years of age, shortly after marriage, he suffered from an attack of acute rheumatism, and being unable to bear the agony it caused him, he was given morphia sulph. by hypodermic injection. It was then carried to no excess and he recovered sufficiently to return home from New York. He then commenced to take morphia again, first at night, then in the morning, and afterwards during the day.

"This was in August 1866, and before Christmas of the same year he had increased his daily dose to fifteen grains hypodermically. This was gradually increased to twenty grains in twenty-four hours, and for three years he managed to be satisfied with this modest allowance. In 1869 he was much alarmed to find that the drug was losing its effect upon him, and in order not to increase the already large amount he was taking, he conceived the unfortunate idea that alcohol

might aid its narcotic action. He showed the same tendency to excess in the use of this article, and was soon upon the generous allowance of one pint per diem. Contrary to his expectation, he found that he was unable to be contented with his usual dose of opiate, and was soon obliged to double the daily amount of morphia taken. This was now forty grains by hypodermic injection. He also increased in his already liberal use of alcohol. He then became irregular, and took at times a quantity of both these drugs which would seem incredible. His wife assures me he has taken for eight or ten days consecutively over three pints of the best whiskey, and not less than sixty grains of morphia subcutaneously, with the trivial addition of eight to fifteen strong cigars. He would lie in bed during this time, and about the eighth or tenth day these excesses would culminate in an attack or condition similar to that which I have already briefly described. When he took the morphia it was noted down in a little book, the time and quantity, but his wife says that this practice, which was regular for the past seven years, was often overlooked in these excesses, and she thinks he has sometimes taken as much as eighty grains in twenty-four hours. But as his interesting memoranda shows a maximum of sixty grains, it would probably be safer to accept this as the highest dose. He makes his own solution, and has one grain to each syringeful. The writer was present three times, at least, when he took his (at that time) regular dose, nine syringes full (9 grs). Sometimes in inserting the needle it would seem to enter a small vein, for soon after emptying the syringe he was seized with a sinking feeling, grew dizzy, and faint, and would vomit for some time. This did not occur very frequently, nor did it cause him to reduce the quantity for that day. When I first saw him he was suffering from "an attack," as he called it, which seemed to be a culmination of the effect of these immense doses of morphia and whiskey. The alcohol was, however, more potent in its effect upon him, as his various symptoms very conclusively showed. His pupil was widely dilated, except for a short time after a dose of morphia, when it would be contracted to some extent. He imagined he saw various things, and people that were not in the room, and his mind was in that restless, suspicious condition always so marked in alcoholic delirium, as uneasy movements of his arms and legs, continually catching at the air with his hands, and lastly, his prolonged and entire sleeplessness. The irritable condition of his stomach might have been caused by either of these drugs. The case presents a totally unphysiological patient, and it was difficult to determine the doses of various narcotics that were tried in order to produce sleep. It may be stated that increased doses of camphoræ monobromid., conia, and atropia sulph. were given with no appreciable effect. The only remedy used with care was chloroform, which was given quite freely when symptoms of convulsions arose. Chloral hydrate and potassium bromide were not used, on account of their bulk and the irritable condition of the patient's stomach. After six days and nights of entire sleeplessness, unceasing movement and delirium, with inability to speak, a fixed stare about the eyes, and threadlike pulse for three days, sleep was induced by the following treatment: a constant current of sixteen zinc and carbon cells was applied for five minutes, at short intervals, to the region of the cervical sympathetic. After three applications an evident change was apparent. The eye lost its fixed glare, the pupil was less dilated, and the excessive movements were greatly calmed; a strong ointment of British ext. conii was now used freely on large blistered surfaces at the base of the neck, and in a half hour he fell into a quiet sleep, which lasted for three hours. He then awoke, and after taking some nourishment slept for two hours. He had now been seventy-two hours without morphia, but during this time he had been unconscious. As long as he could speak he called for it, and was much excited by contradiction. Fearing his excitement would cause convulsions, he was allowed to have it, though in much smaller and decreasing doses. Having slept three hours with but one interruption, he awoke, conscious, but with no remembrance whatever of time or events. He thought he had been back to Paris, etc. He soon demanded a dose of morphia, and became very much excited when it was refused. The advice was given that now, if ever, was the time to stop entirely this dreadful habit which had so enslaved him. He gradually worked himself into a state of wild excitement, threatened to kill himself, butt his head against the wall, etc. As his family were

unwilling that he should be removed to an institution, and as it was thought to be impossible to restrain him in his own house, he was allowed three grains. He gradually got better and stronger, taking no alcohol, and about twenty grains of morphia per diem. When he had improved much physically, he was induced, by moral treatment, to decrease the morphia, and by a gradual reduction he has reduced it to six grains per day, his present dose. He considers his condition as better than it has been for seven years, but cannot believe it possible that he can live without morphia. The patient is highly educated, and a man of quite extraordinary literary ability. He is delicate and feminine in appearance, and does not, in the color of his skin, or the nutrition of his body, present the slightest evidence of opium cachexia."

(*To be Continued.*)

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.—DISEASES OF WOMEN CLINIC.

BY PROF. T. G. THOMAS.

October 17th, 1873.

Gentlemen—I do not have to-day at my disposal so much material as I have had in former clinics, but I will bring before you cases which are very common and will likely fall to all of you. The first case will be one of menorrhagia with anteflexion of the uterus.

Treatment of Anteflexion of the Uterus.

Mrs. K., aged 24, married. Has had an abortion at two and a half months, nine months ago. Has been married for two years. Her sickness dates for nine months, the period since the abortion. During the last nine months has complained of menorrhagia with dysmenorrhœa, the menorrhagia lasting nine or ten days. Pains in the back and through the abdomen. The patient is markedly anæmic.

Vaginal Examination. On carrying the finger up the vagina the cervix is found normal; laterally and posteriorly nothing is detected, but anteriorly there is a tumor accurately defined by conjoined manipulation. The question as to the variety of this tumor is settled by turning the patient upon her side and introducing the sound into the cervix, when it is found to enter the tumor. It is not anteversion, for the finger passing up the cervix anteriorly is obstructed by the flexed fundus. Some time ago a patient entered my service at the Strangers' Hospital, with a supposed anteflexion. Her medical attendant believed it to be so and prognosticated a cure eventually. But this prognosis had not been made good after three years of treatment. I found on examination that her physician had been deceived. It was a sub-peritoneal fibroid tumor. Nothing, of course, could be done in the way of treatment. In the case before us there is no trouble beyond the anteflexion. It is the cause of all the symptoms, menorrhagia, dysmenorrhœa, etc., and it does so by obstructing the venous return from the organ though it does not check the arterial supply.

Treatment. Flexions are of two kinds, reducible and non-reducible, and the logical treatment is to reduce if possible. It is very common treatment with some to leech the cervix, and in this way to overcome the engorgement of blood in the organ and there is no doubt this does good, but the benefit is only transient and not radical. The mode practiced in the present case is to introduce an ordinary sound; the handle of it then will rest posteriorly; carry the handle anteriorly to the pubes; this will convert the case into a partial retroversion. Hold the sound in this position a minute or longer, if the patient does not complain. Then while thus holding the sound place a piece of cotton wool, the size of a walnut, as near as possible to the place where the fundus rested. In three days this is to be done again, and so continued for about a month. It may be possible after the first few applications of the sound to retain it in the uterus five minutes at a time. About the end of a month an anteversion pessary should be applied. These are of different kinds. The one we shall use here consists of a body resembling the double S pessary, and a movable bar, which, when adjusted, sits at right angles to the body. When this is applied the anterior part of the body rests over the pubes, the posterior posteriorly in the vagina, and the movable arm projects up in front of the cervix and upon the flexed fundus. It is made movable so as to be of easy introduction into the vagina.

If this gives the patient pain she is to be instructed to remove it immediately; indeed no pessary should be used which the patient cannot remove herself. If this form of pessary fails to answer indications, Cutter's pessary should be had recourse to. By smearing the stem of it over with oil and holding it over a flame any curve can be given to it.

It might be asked why not use a stem pessary, that would cover all the needs of the case, and be very easy of management; but I object to it for several reasons. In a large number of cases it gives rise to agony. In a smaller number to peritonitis, and in a still smaller number to death. I occasionally use them myself, but never without great fear.

I think that in three months this patient will have much less dysmenorrhœa, and be manifestly improved. She leaves this clinic to-day with an anteversion pessary applied,

but in private practice, where patients can be controlled, it would not be judicious.

Retroversion of Uterus—Treatment.

Mrs. C., aged 40. Never pregnant; has been sick for fifteen years with dysmenorrhœa, pains in back, pains in the legs, and trouble in passing water. Has been married for twenty-three years, but husband has been dead for twelve years.

Vaginal Examination. We find the fundus of the uterus posteriorly with the os and cervix uteri, looking forward. The sound settles the matter. It is retroversion. The pain in the limbs is due to the pressure of the fundus on the nerves issuing from the pelvis. The cervix pressing anteriorly causes irritation in the bladder and accounts for all the troubles in this direction.

Treatment consists in putting it in its proper place, and keeping it so. The treatment of the case of anteversion which we saw immediately before this is difficult, but this of retroversion is much easier. The sound is introduced into the retroverted organ, one finger placed on it outside the os. The handle acting as the long arm of the lever is carried posteriorly, the finger at the os being the fulcrum, and the uterus carried into its normal position. This being done, Albert Smith's modification of Hodge's pessary is introduced, the posterior portion resting behind the cervix in the fornix of the vagina, and the anterior over the pubes. If this does not answer, Cutter's pessary may be used, the head of it resting in the former site of the uterus. The patient can be cured. In about three months, she will notice that many of the symptoms are relieved.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE, SEPT. 29, 1873.

J. H. TATE, M. D., *President*, J. W. HADLOCK, M. D., *Secretary*.

Death from Chloroform, during the Reduction of a Dislocation.

BY DR. N. P. DANDRIDGE.

On entering the surgical ward of the Cincinnati Hospital, on the morning of the 24th, I found a German, named Kensillar, who had been admitted the afternoon previous, for dislocation of the left shoulder, and of whom I learned the following particulars:—

He was forty-four years of age; four years previous, as the result of an accident, he had lost his right leg, which had been amputated at the junction of the upper and middle third of the thigh. At the same time he had lost his right eye, in which there was staphyloma, and had dislocated the right shoulder; this dislocation had since then remained unreduced. On the day previous to admission he stated that having been drinking, he slipped and fell while walking with his crutches, and from the fall had dislocated his left shoulder. He was ordered morphiæ ¼ gr. at seven and a half, this dose to be repeated at ten if he was not asleep. The next morning he took for breakfast a bowl of coffee and some bread and butter. He was quiet and complained of nothing so as to call the especial attention of the nurse. I first saw the man about 10 A. M., and on examination found, as above stated, loss of right leg, staphyloma of right eye, and an old dislocation of the right shoulder. There was in addition a recent dislocation of the left shoulder, which had occurred as above described, and for which he had sought admission to the Hospital.

During the examination he sat up in bed, and appeared to be in good condition. He asked to have chloroform administered before the attempt at reduction. This was refused, and placing him on his back, Mr. Nelson, the Resident Physician, steadied the shoulder while I made a determined effort to reduce the luxation, by placing my heel in the axilla and making forcible traction on the arm. Failing in this I called to my assistance the nurse of the ward, and together we made a second trial, which, like the first, was unsuccessful.

I then directed Dr. Nelson to administer chloroform, hoping to succeed by relaxing the muscles under the anæsthetic. This was given as is usual at the Hospital. A loose meshed towel was held a little distance from the mouth, and the chloroform slowly dropped on. After the attempt to reduce and before the chloroform was given, the pulse was one hundred, and regular. The man soon began to show the effect of the anæsthesia; there was some excitement, and the breathing became somewhat irregular, and the teeth clenched. The chloroform was stopped. The mouth was opened and at once the respiration became perfectly normal. The pulse at this time showed no irregularity. The chloroform was resumed, there was some spasmodic action of the muscles, so that it was necessary to hold the patient in the recumbent position. This soon passed over, and before the muscles were completely relaxed the chloroform was removed. Dr. Nelson grasped the shoulder to fix it, and with the assistance of the nurse I made a determined effort, and the bone slipped into place with an audible snap; just at that moment the patient ceased to breathe, the chloroform having been removed at least half a minute before. The tongue was at once drawn out, water was thrown into his face, and artificial respiration at once commenced. The battery was immediately obtained, and the full force of the induced current from the two cups applied along the insertion of the diaphragm, and all over the muscles of the chest. Muscular contraction was readily excited, but without the least effect upon respiration or the heart. Artificial respiration was resumed and the current applied to the left leg, where the contraction, at first easily excited, rapidly died out. The head was twice lowered over the edge of the bed, but all to no effect. These attempts were kept up

for forty-five minutes, but from the first there was no evidence of the least vitality.

An autopsy was made by Dr. Rives, Pathologist of the Hospital, in the mortuary, in the presence of Dr. Mackenzie, Dr. E. Comegys, several of the resident physicians, several students and myself. I noticed that the head of the humerus, which had been reduced just as the patient died, was again dislocated; this, I presume, occurred during our efforts at resuscitation.

The result of the autopsy was as follows: Body well nourished. Post mortem rigidity marked; the right thigh had been amputated at the junction of the upper and middle third; there was staphyloma of right eye, and an old dislocation at the right shoulder; there was also a recent dislocation at the left shoulder.

Section.—The blood was more fluid than normal. Organs—Lungs, normal. Heart—Left ventricle firmly contracted, the right relaxed. Both were empty; there was some sub-pericardial fat, more especially over the right ventricle. The valves were all healthy, and the muscular walls presented no abnormal appearance. The microscopic examination showed the transverse markings indistinct, but no positive fatty degeneration. Kidneys—Markedly congested, but no other lesion observed. Liver—Weight, 4lb 10 oz., lighter and softer than normal, and apparently somewhat fatty. The intestines examined in situ, but nothing abnormal discovered. The Brain—On the convexity the arachnoid was slightly cloudy. The arteries at the base were atheromatous in places. Both meningeal and cerebral vessels seemed unusually full of blood. The cerebral substance was everywhere normal.

It seems fair to presume that this man had taken chloroform before, as it is scarcely possible that the thigh could have been amputated without some anæsthetic. The amputation having been performed at Columbus, the strong presumption is that chloroform was used. The chloroform could not have been continued longer than between five and ten minutes, and at no time was the man profoundly under its influence. As there has been some comment upon the fact of the autopsy having been made before the arrival of the Coroner, and the impression given that, abetted by the hospital authorities, I had hurried through with the autopsy in order to conceal any facts which might be revealed and prove damaging, as contradicting the use of chloroform, it may be proper to state that the examination was begun at my suggestion, was made by the officer of the hospital regularly appointed to make such examinations, was made in the open dead house of the institution, in the presence, among others, of several medical men who are not connected with the hospital, and with the expectation and hope that the Coroner would momentarily make his appearance, and was not begun until after the hour indicated by the clerk as the time at which the inquest would be held.

CENTRAL KENTUCKY MEDICAL ASSOCIATION.

The Central Kentucky Medical Association met at Stanford, October 15, in the Odd Fellow's Hall, beginning at 10 o'clock, A. M., the President, Dr. Reed, of Lowell, in the chair. The debate was opened by Dr. Logan, of Stanford, with a paper on *Cervical and Corporeal Endometritis*, the question for the day, which was followed by a lively and lengthy discussion. Dr. Jackson, of Danville, Chairman of the section on *Medicine, Physiology* and *Medical Pathology*, read his report. Dr. Erwin, of Danville, read a report of a case of *Criminal Abortion*, brought on by some unknown person, exhibiting at the same time a pathological specimen connected with the case, which called forth strong expression of condemnation of this nefarious practice, suspected of being but too frequent. Dr. Harlan, of Danville, exhibited a *Hypodermic Syringe*, protected by a metal case. Dr. Logan, of Stanford, exhibited a variety of new instruments, employed in the treatment of Uterine diseases. Dr. Jackson, of Danville, exhibited a new and unique instrument for carrying silver wire in deep-seated operations; a *Bristle Probang* for withdrawing foreign bodies from the œsophagus; a *Thymus Gland*, weighing one ounce and a half, from a subject twelve years old; a uterus with an *Intramural Fibroid*, and showing an incipient ovarian tumor; a kidney with cystic enlargement, and a large number of biliary calculi, these three last specimens being from the same subject. The meeting was one of more than usual interest, and was well attended. After the customary vote of thanks to the Odd Fellows for the use of their Hall, the Association adjourned at 4 o'clock, P. M., to meet at Danville, on the third Wednesday in January next, when the debate will be opened by Dr. Burdett, of Lancaster, on *Disinfectants and their Utility*.

A Sensational Anecdote.

The London *Lancet* has this story about Nélaton:—

"Jobert (de Lamballe) had for some time secured the confidence of the Emperor, when the Empress and her suite met with a carriage accident in Switzerland. The telegram sent to Paris said, 'Let Jobert start at once, or, in his absence, Nélaton.' Unfortunately for the former, he was out of town, and Nélaton went down to Switzerland. His services and his manner won the Empress; poor Jobert was supplanted, and he took the change to heart in such a manner that his mind became unhinged."

This is absurd. Jobert had a well marked insane neurosis long before that incident took place. When his wife left him, she predicted his death in a mad-house. In 1860-61 his eccentricity was recognized as dementia by more than one of his associates.

Editorial Department.

Periscope.

Treatment of Cholera.

Dr. Brown-Sequard, in the *Archives of Scientific and Practical Medicine*, relates his experience of cholera at the Mauritius, where he had charge of a hospital and a convent. Many of his hospital and private patients died, notwithstanding the use of opium in their case. But in the convent the rules given were strictly followed; they were not elsewhere.

The rules were, first, to give opium every twenty minutes in large doses, so long as the cholera symptoms existed, without fearing poisoning; secondly, to begin the treatment as early as possible. The Sisters of Charity acted as desired, and saved all their patients. The fear of poisoning, and many other reasons, prevented the proper application of the rules elsewhere. The preparation almost always employed was laudanum. If there were no great vomiting, or if the vomiting were checked by Rivière's potion (a carbonate, and tartaric acid, taken separately one immediately after the other, disengaging carbonic acid inside the stomach), the laudanum was given by the mouth. If the vomiting were frequent, the laudanum was injected into the bowels, but with the precaution of having a thorough washing of the large intestine by a previous enema, to bring out all the contents of that tube, so that the laudanum was rarely rejected. In bad cases a dose of twenty minims of strong laudanum (Sydenham's) was used every fifteen or twenty minutes until the cholera symptoms had ceased, or (which never occurred when cholera still showed its existence) until some slight symptoms of opium-poisoning appeared.

This mode of treatment does not succeed when the blood has been considerably altered by the loss of a very large amount of its salts.

Of course these rules are not to be followed in cases of mere cholerine, or in the premonitory stages of cholera; but even then opium in much smaller doses is also the best means.

Now that we possess a much better means of obtaining rapid absorption of the principal curative element of opium, morphine, in subcutaneous injections, it is clear that it is that substance which ought to be used, and in that way. Many physicians have already proposed and used subcutaneeus injections of morphine against cholera.

Against the lack of urinary secretion in cholera, he employed with benefit, in some cases, the actual cautery on the loins.

Dr. James M. Barry says, in the *Medical Press and Circular*:—

The prevalence of cholera in Europe at present may render this not an inopportune time to direct the attention of the profession to a mode of treatment which has proved successful in India, and was brought under my notice when traveling in the East some three years since, by an officer in the Civil Service, conversing about cholera. He stated that on the occasion of an outbreak at "Dacca," having tried various remedies unsuccessfully, it was suggested to him to prescribe nitrate of silver. Several of the cases so treated recovered. Some time afterwards it fell to my lot to treat a case. I persevered for some time with the usual routine practice without alleviation of the symptoms. The vomiting became distressing and frequent. I recollected what I had heard about the nitrate of silver, and was gratified to find that the patient sensibly improved after taking grain doses every half hour. Four doses in all were administered, and the patient ultimately recovered.

Last year I mentioned the above mode of treatment to a physician in large practice at Calcutta. He informed me that he had used nitrate of silver in combination with opium and camphor extensively, and with the most gratifying results.

Argenti nitrat.	
Opii pulv.	
Camphoræ,	aa gr. j.
Terebinth. chia,	q. s.

Ft. pil., ij.

If again called on to treat cholera I mean to give this prescription a fair trial, and beg to recommend it for the consideration of my professional brethren who may have occasion to treat this dreaded and fatal disease.

Treatment of Lupus.

Professor Esmarch's plan for treating lupus, as well as necrosis, is that designated as *Abkratzen*, and is quite peculiar. It may be translated as *abrasion* or scraping, and is a modification of Sédillot's *évidement*. In necrosis, Esmarch does not perform excision in the regular manner, but, with the object of saving as much of the bone as possible, scoops away all carious portions, breaks off carious protuberances by Liston's forceps, and bores here and there, if required, the carious extremity, leaving in the track one of Lister's drains.

Lupus has also, for some time past, been successfully treated by abrasion, all the diseased portions of skin or mucous membrane being scraped away by means of the acorn-cup-shaped gouge of Bruns. The bleeding parts are then covered by wadding soaked in perchloride of iron, giving the patient a most hideous appearance, due to the mixture of black, yellow, and red which covers his face. Cicatrization is completed at the

end of some weeks, the treatment being repeated if relapse takes place, until the extinction of the disease is attained. All wounds are dressed with what is called Bruns' wound-dressing cotton, small slips of muslin soaked in phenic acid being laid beneath it, and the whole covered by impermeable varnished paper. This dressing remains three days *in situ*. Cataplasms are rarely used, bladders with ice being substituted. For wounds that bleed much after indispensable ligatures or torsions have been employed, gauze bags containing perchlorated wadding are introduced. Irrigation, which had long been employed, has been reduced to within the limits of strict necessity, as Professor Esmarch has met with bad results from its continuance.

On Hay-Asthma.

At the meeting of the French Academy (Aug. 25th), M. Decaisne gave the results of eight years' study of this disease, and observation of 101 subjects. His conclusions are the following.

1. This affection seizes indifferently those who are exposed to emanations from forage plants, and those not so exposed. Without absolutely denying the influence, in some cases, of such emanations, as aggravating the disorder, their part is to be considered merely a secondary one.

2. All the symptoms appear at any season, in consequence of insolations and coolings, the body being in a state of perspiration; and they specially occur in emphysematic persons, exposed to irritant powdery emanations.

3. Annual periodicity does not appear proved; most of the subjects observed having sometimes remained several years free from the disorder.

4. As to dyspnœa, generally regarded as a pathognomonic symptom of hay-fever, it seems to be merely the extension, more or less marked, of irritation affecting the conjunctiva and the nasal and pharyngeal mucous membrane, as often occurs in influenza, without indicating a form of idiopathic asthma.

5. The affection is to be regarded as a catarrhal fever, influenced in its cause and progress, and according to individual constitution, by the atmospheric conditions which produce acute affections of the bronchi.

6. It should be struck out of the nosological category.

Poisoning from the Hypodermic Use of Morphia.

In a translation in the London *Medical Record*, Dr. BERG relates the case of a woman, aged forty-eight, who had organic heart-disease, and frequent attacks of bronchitis, for the relief of which she had been for several years accustomed to take syrup of acetate of morphia. A single vomiting occurred on one occasion only, when she one night took three tea-spoonfuls at intervals of two hours.

The patient had lately an obstinate attack of lumbago, for which Dr. Berg injected into the lumbar region a solution containing seven or eight milligrammes of morphia. The solution used was one of a gramme of morphia in nineteen grammes of glycerine and water; and Dr. Berg had used other portions of the same supply in numerous cases without producing any toxic symptoms. Half an hour after the injection, she felt very hot, and felt as if about to faint, though actual syncope did not occur; and shortly afterwards she vomited. Some strong coffee was given her, but the vomiting continued. When Dr. Berg saw her three or four hours later, she lay in a drowsy state, but was quite conscious, and could not sleep. She had a feeling of weight over the whole body, but was quite free from pain, and had had no headache. The skin was pale and cool, the lips were blue, the pulse labored, 64, the respiration occasionally stertorous, somewhat irregular. The countenance was rather dull; the eyes were unnaturally prominent, the pupils contracted and movable with difficulty. There was much sweating and thirst, and occasionally nausea and vomiting. Mustard poultices were applied to the epigastrium, port wine was given in tea-spoonfuls, cold epithems were applied to the head, cold water was sprinkled over the face, and ammonia was held to the nose; but her condition remained unchanged for six hours. After this she slept quietly the whole night, and felt, on awaking next morning, only some dullness and thirst; but she vomited three times fifteen or sixteen hours after the injection.

On a Form of Typhoid Fever.

Professor Jürgensen, at the late meeting of the German Association for the advancement of Science, described what he designated a "Mild Form of Typhoid Fever." He had observed over a hundred cases, of the specific nature of which there could be no doubt. The following are the principal characteristics of this form of the disease:— 1. The infection seems to be sudden; 57 per cent. could give an account of their being suddenly taken ill. 2. Pyrexia lasts from ten to sixteen days. 3. The absolute temperature varies much; in some it reaches even 42° C., in others it is low; but it is more steady, and less affected by quinine, etc. 4. The spleen is nearly always enlarged. 5. The eruption occurs in about one-half of the cases. 6. Bronchitis occurs in about 28 per cent., and is mild. 7. Diarrhœa is present in but 16 per cent. 8. There is a frequent and early alteration of the urine. Jürgensen believes that these cases may develope into ambulant typhoid fever. There is nothing new to be said in regard to treatment. Of the etiology of these cases, especially in regard to infection by milk, he could say nothing.

Nasal Calculus.

The following case of nasal calculus is reported by Dr. K. K. MITTER, in the *Press and Circular:*—

On the morning of the 12th of February, 1873, a girl, æt. about five years, was brought to the dispensary by her mother, who stated she had for a long time noticed something in the right nostril of the girl, which impeded her respiration to a slight extent, and which she was very anxious to have extracted.

On making an examination I saw a small oval body in the right nostril, which I thought to be a polypus. On touching it with a probe it was felt to be a hard substance. As the girl became very restless and commenced to cry I put her under the influence of chloroform. On examining it more minutely, it was found to be a calcareous body firmly adherent to the mucous membrane of the right ala of the nose. It was extracted with a pair of small forceps after dragging it close to the orifice of the nostril by the end of a probe bent in the shape of a hook. It was followed by a gush of bleeding, which was stopped by injection with a strong solution of alum.

The body extracted was found to be a small oval calculus with a distinct hour-glass contraction in the middle.

Electrolysis in Cancer.

Dr. NEFTEL, in *Virchow's Archiv*, recommends a Siemens' battery in the electrolytic treatment of tumors. In moderately large, hard, and slowly growing tumors, two to four needles are inserted at equal distances into the growth, and are connected with the negative pole, while the positive pole is applied on the skin at some distance. The current is at first weak, and then is quickly increased to thirty-five or forty elements; it is allowed to act at this strength for twenty or thirty minutes, the position of the anode being frequently changed, so that a circle is gradually described around the tumor. The current is then gradually weakened. The application is made every third or fourth day under anæsthesia, the parts of the tumor to which the needles are applied not being the same on each occasion. Generally, four such applications are sufficient; but, to complete the cure, the application for a time of a weaker current (four to eight elements) is necessary. The plate of the cathode is laid on the tumor, and retained there from a quarter to half an hour. This application is not painful, and must be continued for some time after the disappearance of the tumor, in order to prevent the return of the disease. In some cases, a clear inodorous alkaline fluid escapes from the needle-punctures after the tumor has become softened. This, according to Neftel, indicates gradual softening and absorption. In very large ulcerated medullary tumors, Dr. Neftel inserts an anode needle into the centre, and four cathode needles close together under the base, changing the position of the latter every twenty minutes, until the whole tumor is undermined. After a week or ten days, it sloughs off, and the weak current is then applied as above described.

Belladonna Plaster in Obstinate Vomiting.

Dr. Guéneau de Mussy, recommends, in obstinate vomiting, diachylon plaster and theriac plaster, of each two parts, and extract of belladonna one part, the plaster being twelve centimeters in diameter. It may remain applied to the epigastrium for twelve or fifteen days without being renewed; and out of the thousands which he has employed the author has only met with one case in which an idiosyncracy caused some ill effects to result. It is not meant to be asserted that this means always succeeds, but it has succeeded in a very great number of cases, either in entirely relieving vomiting or greatly mitigating it, some remarkable examples of which are alluded to in the paper. This success has encouraged Dr. Guéneau de Mussy to try the effect of the plaster as a prophylactic and curative in sea-sickness, and although as yet he has only tried it in four cases, he entertains great hopes of the benefit to be derived, and at all events thinks that so simple a remedy deserves further trial in so extremely painful an affection which has hitherto resisted all measures of relief. The first of these four cases occurred in the person of a young married lady, who never could place foot on a vessel without being tortured by sea-sickness, and who always landed in a state of exhaustion and semi-syncope. Having to make a voyage to Australia, she was advised to try the belladonna plaster, and after having had some vomiting on the first day, she, when last heard of, had traversed the Red Sea without sickness and in good health. A Brazilian physician, who had made several visits to Europe, and every time had been tormented by repeated and obstinate vomiting, and suffered greatly from this, eagerly adopted the plaster, and although in his last voyage the passage was a very bad one, he only felt slight nausea. A great personage of the same country was also a constant victim of sea-sickness, but on the last occasion he made the passage without any attack, and was able to walk the deck, which he had never done on any of the other passages. On board the same vessel was a lady in whom sea-sickness had produced, if not alarming, yet very distressing symptoms. One of the plasters was applied, and in the course of a few hours the vomiting, which had been incessant, completely ceased, so that the patient was enabled to join the other passengers on deck.

"Make Haste Slowly."

"If you are unlucky enough to sever a man's carotid artery," said Nelaton, the French surgeon, recently deceased, "remember that about two minutes must elapse before syncope takes place, and as many more before death supervenes. Now four minutes are just three more than are needed for binding a ligature, *provided that you do not hurry.*

MEDICAL AND SURGICAL REPORTER.

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S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

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We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

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SOUL IN TERMS OF SCIENCE.

No branch of scientific inquiry has been more devotedly studied in the last ten years, than the physiology of the senses. In Germany, especially, it has been pursued with unflagging ardor, and the researches of Fechner, Helmholtz, Hering, Wundt and a score of others are known, at least by hearsay, to every student. The half-confessed motive which has prompted these extraordinary labors has been the hope of throwing some light on the nature of man's thinking faculties, his mind or his soul. What the result has been it is our purpose now to lay before our readers in as brief a form as possible.

The theory of the correlation of forces, reduced to a definite form by Helmholtz, Mayer and Grove (about 1847-1850), while very fruitful for a while, has proved itself insufficient in the higher walks of science, and may now be said to have been expanded into the theory of the metamorphosis or propagation of *motion*. There is no such thing as a force; motion passing from one form to another displays what we *call* a Force. Considered broadly, matter has neither properties nor forces, for no such entities can be conceded to exist, but only *actio* , repulsive or attractive. Motion, once more, is unending; what was once called *latent* force, or matter at rest, has been defined as *constitutive* motion, as opposed to *regulative* motion, which embraces all dynamical conditions. Strictly, as we mentioned last week, force is neither motion nor action, but the intensity of action, expressed in terms of motion, either dynamically, by the space passed over, or statically by pressure exerted.

Such are the principles to guide us in the study of soul. Is this essence a measure of motion (as other so-called forces), or is it something entirely different? That is the question.

An apparently unconquerable dilemma meets us at the very start. All motion *must* be in space. Yet thought is distinctly *not* in space. Space is a form of perception, and no possible common measure of thought and space can even be imagined. Therefore thought cannot be motion. This is the first horn of the dilemma.

But again, all mental and physical force expended being exactly equal to the force in the form of nutriment received, clearly the mind, if there is any such independent thing, contributes *no* force at all; it cannot and it does not act on ponderable matter, and never gives added power. This is demonstrable, and is the other horn of the dilemma.

In what intelligible manner, then, can we represent to ourselves the relations of the thinking faculty to the body? In answer to this, we must first investigate the senses. This has been done, and the results so far establish the following principles:—

All the senses are senses of *touch*. Taste, smell, hearing, are all forms of *feeling*. These give the ideas of the extension of our own bodies in space, our own personality as living units, and the effects upon us of other units of matter. They are the *egoistic* senses. Through them we learn of the external world in its relations to ourselves.

The eye is also an organ of touch, but it

is *altruistic* in its operations, that is, it teaches us the relations of external bodies to each other in space. It leads us out of ourselves to things that have no relation to us. The area of vision is the psycho-physical equivalent of the retina. Like the latter, it is a flattened ellipsoid, but of infinite dimensions. The other senses educate us in the use and signification of the area of vision, as the restoration of sight by surgical procedures to those born blind abundantly testifies.

This being the nature of sensation, what relation does it bear to the irritation of the sensitive nerves by these various external objects? About thirty years ago E. WEBER showed that generally a diminution or increase of sensation corresponds to a diminution or increase of irritation. FECHNER took up the thread of investigation, and by an ingenious series of experiments established the general law of nervous action, to be that *The measure of the intensity of a sensation is the logarithm of the amount of the irritation.* For example, if a person somewhat deaf requires a certain height of tone to hear n times as much as a healthy ear, then the intensity of the sensation produced by that tone in the deaf person will be to the sensation produced in the healthy ear by the same tone in the proportion log. n : log. n'.

Now the influences from this important law applied to psychology are many. Its most evident teaching is that the relation of mind to body is not that of one kind of force to another, which can be expressed as a direct mathematical proportion, but is of such a nature that its symbolical formula must be drawn from the mathematics of *functions*, where quantities are so connected that an alteration in one involves an alteration in the other, but not of equal extent; *i. e.* if y =mind and x=body, the relation is $y=F'(\log. x)$.

This fundamental difference, and yet fundamental analogy in the constitution of soul and body has been further exemplified by a study of the phenomena of *polarization.* This idea has nothing to do with *poles* but only with *position*, i. e. relations of space; its general expression is *a contrast of properties depending on a contrast of positions.* Now this general expression becomes also a true definition of every perception and every act of thought, by substituting for the word *positions* the phrase *nervous impressions.* The same mathematical laws are binding in both to a large extent.

Such is the present position of the question, far from solved, but showing perceptible and encouraging progress. We may conclude with the well-chosen words of Dr. HEINRICH BŒHMER, in his interesting little work published last year, entitled *Geschichte der Naturwissen — schaftlichen Weltanschauung.*

"The old dualism of Soul and Body, which for centuries has striven for reconciliation, has at last found it to-day, not indeed in the unity of substance, but in the unity of Laws."

NOTES AND COMMENTS.

Therapeutical Notes.

IPECACUANHA IN DIARRHŒA.

Dr. Chouppe advocates large doses of ipecacuanha in cases of infantile diarrhœa. In a child ten months old, prematurely weaned, which was attacked in June by diarrhœa, which exhausted the strength greatly, bismuth and laudanum were first prescribed with no effect; and then an ipecacuanha potion was prescribed, which caused vomiting and slight diminution of the diarrhœa. Two lavements of ipecac administered every few days completed the cure of the diarrhœa. In the second case, that of a child seventeen months old, rather rickety, there was abundant diarrhœa on the 2d of August, for which ipecacuanha enemata were prescribed, which soon cured the diarrhœa. The enemata were given every six to eight hours, and consisted in 5 grammes of powdered root boiled in 100 grammes of water, boiled down to 50 grammes, and used as an enema.

OLEATE OF MERCURY IN SYPHILIS.

Mr. Berkeley Hill has employed this preparation in a large number of cases, and finds that it is very active, and sometimes excites violent smarting pain when the 30 per cent. solution is used. But the 20 per cent. or 10 per cent. solution, or the oleate of mercury and morphia may be continued as an application on even very sensitive skins. The great advantage of the oleate over any other form of mercury, when externally applied, lies in the rapidity of its absorption, and if, for example, a little of the 20 per cent solution be gently rubbed night and morning over syphilitic papules, it is surprising how rapidly these decrease and grow pale under its use.

REST IN PULMONARY CONSUMPTION.

Dr. Berkart has recently instituted a novel treatment of pulmonary consumption. He thinks that rest, which plays a most important *role* in the treatment of surgical diseases, must also be of signal service in that of parenchymatous inflammation of the lungs. The respiratory movements of, and the contact of the atmosphere with, the inflamed portions of the lung, cannot, he thinks, but exert an injurious influence on the progress of the disease. Dr. Berkart maintains portions of the lungs at rest by means of strapping and bandages. He is sanguine, from the results which he has hitherto obtained, that this mode of treatment may be of valuable assistance in coping with such a protean malady.

HYOSCYAMIA IN NERVOUS DISEASES.

Dr. Oulmont recommends the employment of *hyoscyamia*, the alkaloid of henbane, which represents the whole activity of the plant, and by its fixity of composition gives greater precision to the results. In the main his observations agree with those previously attained, but he differs from some in holding a very high opinion of its value in certain spasmodic and convulsive neuroses, and gives cases to show that it cures mercurial trembling under circumstances when every other remedy had failed. It also produced notable improvement in senile trembling and paralysis agitans, but in locomotor ataxy it appeared to be useless.

SYPHILITIC ALOPECIA.

Dr. Balmanus Squire says, in a recent note to the British *Medical Journal*:—

That form of syphilitic alopecia which is independent of any eruption affecting the scalp, which accompanies the so-called secondary syphilides, and which is characterized simply by an extensive loss of hair, so that the greater portion of the scalp is denuded absolutely of hair, and not the scalp only, but also the eyebrows and eyelids (of eyelashes) as well, is often a persistent affection, and in my experience is only, very tardily, indeed, remediable by general (mercurial) treatment. I refer to the condition described above, as distinguished from the syphilitic alopecia, resulting commonly (in tertiary syphilis) from the limited and "discrete" loss of hair resulting from the formation of cicatrices consequent on (tertiary) syphilitic ulceration of the scalp. This kind of alopecia, which has by some eminent French writers been assumed to be identical with linea decalvans (la teigne pelade), but which is to be distinguished from any, even the most, "diffused" forms of the latter disease by its vague want of definite limitation of margin, is, as I have found, readily (within a month or so) curable by the following topical remedies:—

For the scalp:

℞. Hydrargyri iodidi rubri,		gr. v;
Attar. rosæ,		m ij;
Olei amygdalæ,		m x;
Unguenti simplicis,		℥ j.

For the eyebrows (where the skin is more tender), three grains of the mercurial iodide are used. The prescription is otherwise the same as before.

For the eyelids, which are more tender still, five grains of the yellow oxide of mercury, made by the recent method, are substituted for the iodide. The prescription is otherwise as above.

RESIN OF COPAIBA AS A DIURETIC.

Dr. Wilks is convinced that the diuretic properties of the drug copaiba reside in its resin, of which he gives fifteen to twenty grains in mucilage and flavored water three or four times a day, and he has had numerous cases showing its marked diuretic qualities. No doubt it often fails, but when it succeeds the result is more striking than that from any other diuretic with which he is acquainted. The resin is much more agreeable to take than the oleo-resin.

Remarkable Mode of Infanticide.

Prof. J. S. Hughes, in the *Irish Hospital Gazette* for August 15th, calls attention to a very peculiar mode of infanticide. A sharp

instrument, such as a needle, is thrust up under the upper eyelid, so as to pierce the thin portion of the orbital plate of the frontal bone. When we consider that such a wound can be inflicted in such a manner as to cause no external mark whatever, and that the only symptom before death may be a convulsion, it excites grave apprehensions lest this process should become a favorite one with infanticides. The orbital plate of the frontal is, in infancy, of such tenuity that an instrument the size of a bodkin or needle can be thrust *through* it into the brain-substance without causing a *fracture*, and without causing the escape of a single drop of blood.

It is important for physicians who make Coroner's examinations to be on the watch for this.

Correspondence.

The Introduction of the Cholera.

Eds. Med. and Surg. Reporter:—

Any error which I may have fallen into was unintentional and quite natural in the face of the extreme reticence of the New Orleans physicians.

As the first victim was a Prussian and the next a Frenchman, I very early suspected the North Sea or German Ocean steamers which run to New Orleans once or twice a month, previously touching at Havre. But as only vessels from Russia, the Mediterranean and the Baltic were publicly accused, I did not like to make any reference to steamers which are celebrated for the completeness of their equipments, the capability of their medical officers, and for their general excellent sanitary condition.

I wrote privately to New Orleans, and forwarded a letter from the highest official connected with the Custom House, to facilitate inquiries into the matter.

From an official letter to myself, from New Orleans, I learn that "foreign passengers arrived in that city in January, 1873, from Hamburg, Bremen and Liverpool only. In February, from Bremen, Port Simon and Liverpool. In March, from Hamburg, Liverpool, Palermo, Bremen and Mexico. In April, from Liverpool, Bremen, Hamburg and Port Simon. None of these vessels, or any others, it is claimed, had deaths or sickness from cholera. Only two sailors were attacked with cholera, both from the British ship *Belgravia*, and only one died. The *Belgravia* had no passengers, was over fifty days on the voyage, and her men were attacked at least ten days after arrival, when cholera was already prevailing, viz., about April 14th and 16th."

That the disease was imported from some one or more of the above mentioned ports I have not the slightest doubt. If it was not brought by persons it was brought by fomites, in clothing, baggage, or goods.

The London *Medical Times and Gazette*, of September 27th, 1873, p 369, says, "Cholera has invaded the capital (Paris) and its course has been traced to Havre and Hamburg. . . . The disease was imported from Hamburg by a vessel from that port, which put in at Havre, and soon after its arrival there the cholera broke out, viz., about July 19th; it broke out in Rouen, August 5th, and reached Paris September 5th." It has since been imported into Liverpool by three vessels from Havre.

Up to 1865 the mode of commencement of cholera described by the New Orleans papers was the one most commonly assumed for large cities. It generally happens that the epidemic breaks out in a place simultaneously in different situations without any communication of the first fatal cases with each other. (See Flint's Practice, 4th ed., p. 499.) But the initial cases are not always, or even generally, fatal; and the history of cholera in a large form has generally been arbitrarily made to commence with the first fatal case or cases. The best observed outbreak of Asiatic cholera this year is that of Lancaster, Kentucky, as described by Drs. Berry and Wilson. (See *American Practitioner*, October, 1873, p. 194.) The first case was that of Mr. Bewley, who, coming from Jonesboro', Tenn. (when cholera was prevailing), was taken sick on the way and stopped at Mr. Tate's. Here he was visited by his father-in-law, Mr. Turner, who staid with him several days, and on starting home was taken violently ill, *when a few miles from town*, and was carried to the house of a negro man, where he died of cholera the same day. Isham Jenkins, colored, who waited on Mr. Bewley, carrying out the discharges, was also attacked with cholera and died in ten or twelve hours. Both of these died on August 15th. Up to this time *there was no suspicion* that Mr. Bewley had cholera; he finally fell into a typhoid condition and died August 22d. In the meantime fifteen other deaths occurred. Here the first case ranked as the eighteenth death; the first death occurred a few miles off from the first case. If Mr. Bewley had recovered, which he might very easily have done, the first two deaths, being separated miles apart, might have remained a mystery forever. Mr. Bewley's discharges were thrown out on the hillside, where they were washed down into the Tate well, and the epidemic commenced.

The next best observed outbreak is that of Franklin, Kentucky, described by Dr. Chas. H. Edwards, in a letter to myself. "The first well marked case was that of Mr. H., a citizen of Franklin, who was brought home sick, on June 14th, from Gallatin, where cholera was prevailing. He was attended by Dr. F. About the same time the second case, Mr. G. R., also a citizen of Franklin, who had been to Gallatin, sickened and died; this was the first fatal case. Dr. F.,

who attended Mr. H., was next attacked, and recovered, but his child died of cholera. A colored woman who washed for Dr. F.'s family had a mild attack, but her daughter, Mrs. P., who lived with her, died of cholera, and two of her children. As the first case had not yet proved fatal, and Dr. F. and his washerwoman recovered, the death of Mrs. P. and her two children, in a distant house, might easily have remained a puzzle forever.

In Nashville the mortuary lists are kept by the undertakers. Almost all record of the first one hundred fatal cases, and probably innumerable non-fatal cases, is lost; but a few items have been preserved. In the Nashville *Journal of Medicine and Surgery*, for August, 1873, p. 87, we read: "Hackberry Spring is near Wilson's Spring branch, between Market and Front streets. Near this spring lived Mary Payne, colored. *She was the first to die of this epidemic.* Being in good health she *washed* all day (hence she was probably a washerwoman) on Wednesday, the 28th of May, 1873. On Thursday morning, the 29th, at three o'clock, she was seized with diarrhœa and vomiting; collapsed and died at eleven A. M., sick eight hours. In the immediate neighborhood, and on the day Mary Payne died, Mrs. Patterson, colored, *who had been with Mary Payne*, took sick with diarrhœa, which continued through the 30th and 31st, and on the 1st day of June she had vomiting and cramps, and going into collapse, died. On this day, Jim McKisic, *who had seen Mrs. Patterson in her sickness*, and lived near her, was seized with similar symptoms, and on the next day, June 2d, died. On this day a colored man, *at the same house*, was taken at five A. M., and died at nine P. M." On page 100 we read: "Mrs. Murray and family lived near this Hackberry Spring and *drank its water*. After the death of Mary Payne Mrs. Murray moved up on Market street. . . . She and her two sons, nearly grown, a few days after occupied the same grave, their last dinner being enriched by snaps (beans) and other vegetables."

Here are seven early cases, in direct succession. The epidemic in Wheeling, Va., has been traced to importation from Cincinnati. I have been furnished with a succession of seventeen fatal and five non-fatal cases in Cincinnati, some of which I saw personally.

Niemeyer (vol. ii, p. 627) says: "Numerous examples show that a person suffering from simple choleraic diarrhœa, and who does not feel very sick at the time, *nor ever become so later*, contains the germs of cholera so that he may infect a privy, and thus start an epidemic." This often explains the non-connection and the wide scattering of the first fatal cases. Although the *Kilgore* arrived at Cincinnati without any severe or fatal cases after the first three deaths, yet it is reported that there "was much diarrhœa on board towards the end of the trip." The wanderings of every one of these diarrhœal cases will have to be tracked down in order to throw full light upon the consequences of their sojournings. We all know how much Asiatic cholera there was in Europe last year and this year; how easily it may have been brought over here in ships; and how almost certainly it has been brought to this country. When the disease cannot be traced to persons we are obliged to adopt Dr. Flint's views. (See Practice of Medicine, 4th edition, p. 499.) "There can be little or no doubt that the special cause (of Asiatic cholera) may be transported in clothing and other substances, after the manner of fomites. In other words, the disease is *portable*, without being either contagious or infectious. We certainly never have Asiatic cholera in this country unless it has previously prevailed in Europe, in seaports, from which it may readily be imported."

The Nashville *Journal of Medicine and Surgery*, for October, 1873, contains an account of the importation of cholera from Nashville, and its spread in Chattanooga, from the pen of Dr. Wight. On page 198 we read: "At the house of a poor widow, a little boy, six years of age, lay sick of pneumonia, following measles. The family was visited on the night of the 21st of June by two men who left Nashville that morning, one of whom then had choleraic diarrhœa and afterwards died. There was no cholera at that time anywhere in that neighborhood, and but two or three cases in the city of Chattanooga; yet, on the 23d, two days after, that little boy was in the collapse of cholera. Four days after two children of the same family were attacked, and soon after the mother. Both the children died. A man and wife who assisted in nursing them were attacked two days after and died. A colored woman who nursed the last couple returned to her home, in another part of the city, where there had been no cholera, was attacked the day after and died in a few hours." In larger cities these links of communication are generally lost. The first victims are generally so poor and obscure that no one takes much pains to inquire into their antecedents.

Yours respectfully,

New York City. JOHN C. PETERS, M.D.

NEWS AND MISCELLANY.

Newspaper Editors and Hospitals for the Insane.

In the following remarks by Dr. D. T. BROWN, taken from the *American Journal of Insanity*, made at the last meeting of the Association of Medical Superintendents, at Baltimore, is revealed, in a very clear manner, the animus of the sensational articles that appear from time to time in the newspapers on the treatment of the insane in public institutions.

"Dr. D. T. Brown—Responding to Dr. Ray's call, I will mention some incidents connected with the crusade of certain newspaper writers against the Bloomingdale Asylum, during the past Summer. Imme-

diately upon the publication of the principal slanderous editorial in the New York *Tribune*, the governors of the asylum appointed a large committee of their number, to make a thorough examination into the alleged abuses of management, and report the results to the board. A minute investigation was made by seven gentlemen of the highest character, and prominent in the community, both as business men and philanthropists. This report denied the allegations, and approved the management of their officers. A copy of this report was sent to various newspapers, one of these being the New York *Tribune*, which charged $420 for publishing the report in an inconspicuous type and place.

"Another incident in this connection may possess more interest to you as illustrating a truism often found in insane hospital reports, that insanity spares no class of men nor any grade of intellect. But a few months after this onslaught of the *Tribune* upon the institution of which I have medical charge, its 'great editor,' Mr. Horace Greeley, became insane, and in a brief period the 'managing editor' came to consult me as to what should be done for him. I recommended that he be placed in the care of one of our colleagues, Dr. George Choate, at whose private institution the distinguished journalist and recent candidate for the Presidency of the United States died of exhaustive acute mania.

I may add that Mr. Greeley is not the only editor of the *Tribune* who had been under my professional care, and that had it not been that the obligations of professional confidence forbade, I could very readily have established a 'counter irritation' to the *Tribune's* attack, which would have been amusing to the public if not edifying to scientific readers. It has happened to me to have had other experiences in this matter of journalism, which may be worth mentioning as indicative of the kind of ethics which pervade the professors of that 'science,' and the needlessness of the indignation we feel at newspaper denunciation of our institution and our management.

"One of these occasions will serve as example for several of the same general features. A leading New York paper published, within a few years, two long and severely denunciatory articles upon the care of the insane in hospitals, for their special custody and treatment, taking for its text the complaint of an insane man in his petition for a writ of habeas corpus. Not long after the publication of these articles, the writer of them sought to place his own sister in the Bloomingdale Asylum, surreptitiously, on the pretext that she was to be allowed to attend upon her husband, a general paretic, while the real object was to exercise a custodial control over her own movements and her propensity to intemperance. She was not received into the asylum.

"I could mention other cases of my ineffectual attempts to procure insertion of communications, defending sister institutions, or a colleague, unjustly assaulted in a newspaper, the only reason assigned for the refusal being that 'the matter was no longer of public interest,' or that 'the party himself could send a statement.' On one of these occasions an editor, then in our institution as a patient, advised me never to reply to newspaper attacks, unless willing to prosecute the paper for libel, as such responses were generally made a pretext for new slanders, rather than for an explanation or apology. In this instance an extravagantly censorious article against one of our largest and best known State hospitals had appeared in a journal of which the gentleman referred to was associate editor. I had written and sent a remonstrance against such detraction, but no notice was taken of it, and, in reply to my queries on the matter, the editor made this reply substantially: 'Newspapers furnish wares for an uncertain market, and these wares must vary with the changes in the demand. In the case you mention, the presumption is that the public had lost interest in the matter, and that the managing editor excluded your communication for that reason.' 'Newspaper writers,' said he, 'beyond all other men, dislike to acknowledge themselves in error.' When my time came to be unjustly attacked, I concluded to act on the advice of this editor, and therefore made no reply through the press, accepting the report of the Committee of Trustees as my vindication. I sought to show my equal appreciation of my adviser's counsels and my contempt for the ethics of his fraternity. In regard to the influence of such newspaper criticism upon the relation of our patients and upon the institutions themselves, I may say that the only diminution in numbers of our own household was limited to a single individual. A lady recently admitted was removed by her brother, who brought her back on the following day, saying that she had not retired to bed during the night, and declared that she would not lie down until she returned to the asylum. This satisfied her brother that she could not have been ill-treated at the institution. I should have stated before that the legal cases on which the *Tribune* based its clamor were all decided by the courts, in acordance with the views held by the asylum officers. I have never been able to ascribe any other motive for the newspaper attack than a selfish one, and expectation of profit by creating a public sensation and curiosity."

Involuntary Vaccination.

The case of George Holliwell against the City of New York, tried before Judge Van Brunt and a jury, in the Supreme Court recently, decides a question of the City's nonliability for acts of the Board of Health. In 1871, it appeared, when the small-pox was prevalent in that City, one of the agents of the Board of Health called at the house of plaintiff in the absence of himself and wife, and vaccinated his little girl without her consent and against the protest of an older sister, who informed the agent that her

father would not permit the act. The father, who does not believe in the usefulness of the process of vaccination, brought suit to recover damages for the technical assault and consequent injuries, scrofula having, as he alleges, been produced in the child by the use of impure matter. The defence, on the part of the City, was that the Board of Health is an independent department, created by State law, over which the Municipal Corporation can exercise no authority, and for whose acts it is not responsible; that even if the City was responsible for acts of the health agents within the scope of their authority, it could not be liable here, if the act was done without the consent of the child or her guardians, the officer's instructions being only to vaccinate those desiring it. Plaintiff asked a verdict for $10,000, and after his testimony was in, to the effect that the act had been performed without consent and against protest, a motion was made to dismiss the complaint on behalf of the City, on the grounds already stated as its defence. Judge Van Brunt granted the motion.

A Centenarian.

Robert Sexbury died on Oct. 23d, in the town of Leary, Jefferson county, New York, aged one hundred and ten years and seven months. He had acquired great reputation as a hunter on John Bowen's tract, in northern New York, where he had killed over 2200 deer. When past eighty years of age he met with an accident which necessitated the amputation of one of his legs, and he assisted a country doctor to perform the operation without flinching. His funeral was attended by several of his children, aged between eighty and ninety years.

—There were three yellow fever deaths in Memphis on Saturday, Nov. 8. The physicians of that city have decided to erect a monument to the memory of their professional brethren who fell victims to the fever. Three yellow fever deaths, and one new case of the disease, were reported the next day.

—Dr. Gordon Russell, of Hartford, Conn., has presented to the Retreat for the Insane the sum of $10,000 toward the erection of a memorial chapel for the use of its inmates.

—Plymouth, Wis., boasts of a centenarian named Jacob Johnson. He was born in Kinderhook, N. Y., in 1770, and is consequently in his 104th year.

MARRIAGES.

ALLIS—SCOVILLE.—At the Presbyterian Church in Wyalusing, Pa., October 13th, by Rev. David Craft, Irving M. Allis and Julia, youngest daughter of D. C. Scoville, M.D., both of Wyalusing.

ASHMEAD—FLEMING.—On the 5th inst., at the residence of the bride's parents, by the Rev. Matthew Newkirk, Dr. Albert S. Ashmead and Florence M., daughter of David Fleming, Esq., all of this city.

CLARK—MUNN.—In Brooklyn, October 29, at the residence of the bride's mother, by Rev. Henry Ward Beecher, Edwin Clark, Jr., and Juliet L., youngest daughter of the late I. B. Munn, M.D., all of that city.

CLIFF—XERXA.—In Boston, by Rev. J. W. Hamilton, September 23, Dr. Leander A. Cliff, of Boston, and Miss Bell Xerxa, of New Brunswick.

HOPKINS—ROWLAND.—At Rowlandville, Maryland, on October 16th, by the Rev. John Squier, Robert C. Hopkins, of Port Deposit, and Mary, eldest daughter of Dr. William B. Rowland.

JONES—JONES.—November 5th, at St. John's Church, Cold Spring, Long Island, by Rev. Dr. Howard, Dr. Oliver L. Jones and Mary E., daughter of Charles H. Jones, Esq., of Cold Spring.

LEWIS—BOYLE.—At the Park Avenue M. E. Church, Philadelphia, October 8, 1873, by Rev. J. R. Boyle, assisted by Rev. J. H. Hargis, Dr. John S. Lewis, of Potosi, Wisconsin, and Miss Mattie R. Boyle, daughter of the late Rev. John A. Boyle, of Philadelphia.

NELSON—JONES.—In the M. E. Church, Snow Hill, Md., October 15, 1873, by Wm. I. O'Neill, pastor, Rev. Edwin H. Nelson, and Eva, daughter of Dr. Charles P. Jones, of Snow Hill.

OLCOTT—BALDWIN.—In Bloomfield, Vt., October 15th, by Rev. N. W. Alger, of Lunenberg, assisted by Rev. J. L. Sanborn, of Coos, N. H., Dr. B. T. Olcott, of Lancaster, N. H., and Miss Anna A. Baldwin, of Bloomfield.

REYNOLDS—EHLER.—In the Presbyterian Church of Lancaster, Pa., October 1st, by Rev. George Robinson, Joseph H. Reynolds, Esq., of Philadelphia, and Alice A. Ehler, daughter of J. Augustus Ehler, M.D., of Lancaster.

RUGH—REED.—October 22d, by Rev. Oliver Katz, assisted by Revs. A. Torrence and T. R. Ewing, J. W. Rugh, M.D., and Annie M. Reed, both of New Alexandria, Pa.

SEWARD—COREY.—At Plainfield, N. J., October 30, 1873, by Rev. B. Corey, Dr. Frederick W. Seward, of Middletown, N. Y., and Mattie, daughter of the officiating clergyman.

WALKER—STARR.—In New York, November 1st, 1873, at the residence of the bride's parents, by Rev. Geo. H. Hepworth, Hamilton Walker, M.D., and Miss Phebe, daughter of Hon. Geo. Starr.

WARD—PACKARD.—In the M. E. Church in Rochester, Vt., October 15th, by Rev. F. H Roberts, Dr. Charles W. Ward, of Boston, Mass., and Miss Ellen M. Packard, of Rochester, Vt.

WHEELOCK—HALLET.—November 3d, by Rev. Dr. Morgan, Dr. Geo. G. Wheelock and Alice T. Hallet, daughter of the late Wm. Hawxhurst Townsend, all of New York.

YOUNG—SHERTS.—October 23d, by Rev. George Robinson, Dr. E. K. Young and Angelica F. Sherts, all of Lancaster, Pa.

DEATHS.

ACHESON.—In Brooklyn, November 4th, Dr. Jas. Joseph Acheson, in the 62d year of his age.

DENEUFBOURG.—October 11, 1873, at his residence in St. James' Parish, Dr. L. T. Deneufbourg, aged 51 years.

DWINELLE.—At San Rafael, Cal., October 25, 1873, Cornelia, wife of John W. Dwinelle, of San Francisco, and daughter of J. Stearns, M.D., of Pompey Hill, N. Y.

ESRAY.—S. W. Esray, M.D., died of typhoid fever, at his residence in Monroe, N. Y., August 4th, aged 63 years.

FOSTER.—In Otsego, Mich., September 21st, Mrs. Maria S. Foster, wife of Dr. L. Foster. She died of apoplexy, at the age of 57 years.

GORHAM.—David W. Gorham, M.D., of Exeter, N. H., aged 72 years, died suddenly recently. He was for nearly fifty years in the practice of medicine in Exeter and the adjoining towns.

HATCH.—October 18th, in New York City, Dr. Horace Hatch, in the 86th year of his age.

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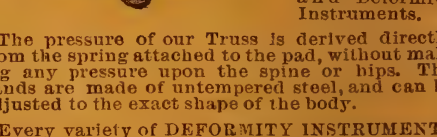

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MEDICAL AND SURGICAL REPORTER.

No. 873.] PHILADELPHIA, NOV. 22, 1873. [Vol. XXIX.—No. 21.

Original Department.

Communications.

OPIUM INTOXICATION.

Address before the "American Association for the Cure of Inebriates," at Binghampton Asylum, New York.

BY JOSEPH PARRISH, M. D., PRESIDENT OF THE ASSOCIATION.

Reported by T. D. Crothers, M. D., Albany, N. Y.

(*Continued from No.* 872.)

The question is often asked whether it is best that patients of this class should be deprived at once of their usual supply, or whether the quantity should be gradually diminished. I am aware that there is a diversity of opinion upon this subject among practitioners who have given special attention to this class of diseases, but I have no hesitation in expressing an opinion, which has settled into a fixed judgment with me, that for the class of cases with which I have had to do the system of gradual reduction has answered so well that I cannot bring myself to adopt the other plan. Among the reasons for the practice I advocate, I may mention the following:—

Patients who present themselves for treatment for this disease are almost invariably greatly reduced in strength, so that the power of physical endurance is very much diminished, and the moral courage diminished to such a degree that they are timid beyond expression, and hesitate to meet the trial which they know must be endured in an attempt at recovery. It is of the utmost importance that the patient and his medical adviser should act in perfect accord, and it is the part of the physician to secure, if possible, the confidence of his patient, by an intelligent description of his case, and by an assurance that the treatment will be as painless as it is possible to make it. Such an assurance inspires the timid and struggling victim with at least a willingness to make the effort, and my experience has been that the mutual confidence thus established secures not only a good basis for beginning the treatment, but that the patient himself very seldom violates the trust. Aside from this moral consideration, I think there is a strong physical and professional reason in favor of the gradual plan, namely, the avoidance of the shock which must necessarily follow an immediate withdrawal.

I do not quite realize the soundness of the logic which asserts that because the patient has poisoned himself with opium, the first duty is to entirely remove it, for the reason already adverted to in the proposition which I announced in the beginning, as having an important bearing upon the pathology and treatment of this disease, viz: that we should discriminate between the poison itself and its physiological effect, and that a poison is not necessarily poisonous, except in unofficinal doses, or unless its use is contra-indicated by the condition of the patient.

Take, for example, a case to which I have already alluded. A man who took sixty grains of sulphate of morphia at a single dose, or two hundred and forty doses in one. He had been in the habit of relying upon this enormous quantity for months, having commenced, of course, years before with fractions of a grain. Do you not suppose that the sudden abstraction from his nerv-

ous system of this support would have produced a shock, which, without actual confinement to a cell, he would have been unable to endure, and that compulsory endurance would have so aroused a resistant, not to say a resentful spirit, as would have greatly disturbed the moral equipoise, the preservation of which is so important to the cure?

A very interesting question is, What became of all the morphia that was taken into his system?

The mode of administration in this case insured its very intimate and thorough mingling with the circulation. If any of it was passed off by the rectum or kidneys, it would be only after passing more or less completely through the whole system. Did it go to form liquid? and if not in what form was it passed from the body? Could it be that the skin, hardened and changed by the frequent process of cicatrization, failed to absorb the salt, and some of it, at least, was thrown out as the product of inflammation in the various abscesses with which he was at times troubled? The morphia was gradually becoming more and more tardy in its action, and only when the needle was accidentally inserted into a small vein, and he had the sinking sensation already alluded to, was it at all speedy in its effects. Fully a half hour would elapse before he would feel, as he said, the "pleasant effects of the morphia." Was it that the economy and particularly the nervous system, physiologically so sensitive to this poison, had become blunted to its action, and only after a long contact and intimate absorption would show any response to the stimulus of this powerful drug. Sixty grains of morphia would equal, at lowest calculation, two hundred and forty grains of opium, and this multiplied by the difference in strength by subcutaneous injection, would make a total of seven hundred and twenty grains of opium in twenty-four hours.

What became of this immense amount of poisonous narcotic is quite a problem. It is much to be regretted that in the excitement attending his severe illness it was not thought of to examine his fœcal and urinary discharge.

I once saw a man in the Eastern Penitentiary of Pennsylvania, who was subjected, under the rigid regime of prison order, to pass through the torment of this heroic and dangerous practice. He was a gentleman, by birth and culture, and under the temporary mental perversion produced by this habit, committed an offence for which he was sentenced to imprisonment. I visited him in his cell, and examined his case with some care. His pulse was rapid, and his vital functions were sluggishly performed. As an aspen whose leaves tremble under the slightest impulse of air, so this cultivated belles-lettres student and teacher moved in every tendril, under the gentlest impulse of his emotional nature. He had been three months in confinement, from the first hour of which his tobacco and opium had been entirely withdrawn. He was a wreck from shock; shock of nerve and shock of moral sense. He writhed under a mental conviction of injustice and injury, and his feeble frame attempted in vain to recover its normal balance. After his sentence expired, and he found himself in the world again, among his first efforts was to procure the drug that had been his solace in times agone. He made me a visit soon after, and with a comparatively clear head, confessed that he was in the daily use of it again. Had he been supported by strong nerve tonics while the opium was gradually withdrawn, and fed on better than ordinary prison fare, with proper exercise out of doors, he would doubtless have had a firmer muscle, a more steady nerve, and a purer moral sentiment, which might have sustained him in the conflict of life, without resorting again to opium.

From the history of cases I have treated, I am led to believe that my patients first used opium as a necessity. The single exceptional case I have already given; that of the public man who commenced it for the purpose of enabling him to command popularity as an orator. This would seem to have been reprehensible.

The others I now recall were those in whom, as in the case of incipient phthisis, and of the fracture of the pelvis, there was a physical demand for its use, and in whom it at first fulfilled its physiological purpose. Hence in the treatment, I have endeavored to withhold what I may be allowed to call the pathological, that I may speedily reach the physiological dose, and then to endeavor to restore the system to its capacity to maintain its functions without opium. I will illustrate what I mean by the sixty-grain case, cited above. The first dose I administered to this patient after witnessing him

take his usual dose of one drachm, was one-half of his daily quantity (thirty grains). He endured this reduction with but little inconvenience. After that the reduction was measured by the amount of suffering consequent upon its withdrawal. I determined to get him through with as little pain as possible, and after this reduced about five grains daily, building up all the time with strychnia and belladonna, good diet, frictions, exercise, and vapor baths.

But when we reached five, three, two grains, and then came to one, and the fractions, the suffering was sometimes so great, that to secure temporary rest and sleep I occasionally prescribed a full dose, say three or four grains, to induce sleep. A good night's rest gave courage and force to endure again, and the patient within three months was entirely recovered, and resumed the practice of his profession.

In the case of the orator, where the intellectual functions were specially to be dealt with, an exalted mental state to be calmed and brought to a normal standard, the struggle was more severe, and the distress much greater. In this case the whole moral nature seemed to have been invaded by the poison, and though the gentleman was scrupulously correct in deportment, conscientious and sensitive to a degree, never indulging in even what are called innocent vices, a man of family and of virtue, the relapse from an imaginary to a real world, from a state of chronic exaltation among spheres where fancy feeds upon itself and encircles thought with the halo of its own inspiration, to the actualities of real life, was a more painful process than I have ever witnessed. It was capturing a winged spirit that had escaped to dwell in unknown spheres, and confining it again with material chords; holding it to this life, as it were, by force. The patient himself was powerless; the things that he would not he did, and the things that he would he did not.

While the difficulty in this case was largely psychological, cramps in the lower extremities, and prostration, with coldness, were prominent symptoms of the physical struggle.

The few cases I have briefly cited are typical of thousands more. They are coming to the surface daily; concealment of facts, especially the facts of suffering, cannot be long protracted. What is true of the single individual, is true of the many. Secret indulgence in opium use will culminate in open evidences, and the facts must be deliberately and intelligently met by the medical profession, and by those in charge of Inebriate asylums. Chronic opium poisoning will doubtless become, like chronic alcoholic poisoning, a matter for the philanthropist and statesman, but the physician must lay the fact foundation first. It is not my intention at this time to discuss the relation that exists between these two common forms of excess. I do not say they are identical in constitutional origin, or in public importance; but I believe the opium habit to be more seductive, and more damaging than the liquor habit, to a class of minds which is the most valuable to the nation. Not a single case that I have treated has been of low mental state; physicians, lawyers, ministers and merchants have made up most of my roll of cases. Two of those cited in this discourse were physicians, and the third an eminent lawyer. Such cases as I have described are gradually emerging from their seclusion and finding their way to our asylums. They come as alcoholic inebriates come, impelled by a sense of need for relief, without considering the causes which led to their first departure. The question of personal responsibility, or of social relation, is not a question which such persons are for the time being able to discuss or even consider, neither should they be reproached by a thoughtless world.

But few men know the terrors of those who are thus diseased. But few can appreciate the torment of a sensitive moral nature, that by reason of its very sensitiveness has yielded to the bondage of appetite. But few apprehend the physical demand for composure, and even oblivion, which haunts a restless, nerve-worn nature; and many more should be willing to shield a brother's infirmity with the same covering of charity which they would themselves desire under a similar invincible pressure.

Did time permit, I would be glad to discuss the question of cause, but that I may not be misunderstood in what I have said, I will close by a brief summary of the facts and practice I have endeavored to present to you.

1. Opium is a poison.

2. Men take it, not for social enjoyment, but for a physical necessity.

3. Taken thus in proper doses, and in corresponding conditions, it is a valuable reme-

dy. When it relieves physical or mental distress it fulfills its physiological purpose, and its use is legitimate.

4. It is a fascinating drug in its influence upon both mind and body, with persons who have not an opposing idiosyncracy.

5. There is a constitutional condition which is in harmony with its hypnotic quality, and a constitutional condition which is in harmony with its excitant quality.

6. It will affect persons differently, as they are inclined by nature, or by the pathological condition which demands its use.

7. Taken in excess, it produces a diseased condition, certain symptoms of which are decided and specific.

8. To relieve the symptoms it is desirable to avoid the shock, as it is desirable to avoid it in surgical operations.

9. For this purpose the practitioner should immediately reduce the accustomed supply to the minimum dose which will meet this condition.

10. When the minimum is reached, the suffering of the patient begins, and then the practice should be to give tone to the nervous system, as the opium stimulus is withdrawn. The reduction should be in minute quantities and the tonic doses full and persistent.

11. The moral sentiment, the confidence and courage of the patient, should at all times be kept up to the attainable degree.

12. Such a course will almost always secure the desired result.

MEDICAL OBSERVATIONS IN PARIS.

BY FRED. HORNER, JR., M. D.,
Of Virginia.

Hotel Dieu, Paris. This celebrated Hospital occupies a situation opposite La Notre Dame Cathedral. The stranger of professional taste approaches "l'Hotel Dieu" with a feeling of reverence, inspired by the recollection of the great surgeons, physicians and lecturers who have achieved renown within its sacred walls. Contributing to impressions of this kind are the splendid portraits exhibited in the hall of entrance, of such men as Bichat, Dupuytren, and other luminaries of French medical and surgical literature. Dr. Ball, an English surgeon, was in charge on the occasion of our visit. This gentleman, who spoke French fluently, is a most accomplished lecturer. The class, which was a large one, consisted of many nationalities, among whom was an African. The method of conducting the clinic was peculiar. While Dr. Ball commented on the history, symptoms and treatment of each case, at the same time he challenged his pupils and others to an expression of opinion. The discussion between master and pupil often became animated, and important facts were in this way elicited.

The antiquity of Hotel Dieu would not appear to render it in any respect inferior to hospitals of more modern origin. In Catholic countries one will not fail to remark that special care is devoted to establish such institutions, for the relief of the sick and destitute. The separate departments of Hotel Dieu present every convenience, and are well ventilated. The beds are provided with muslin curtains, which insure privacy and comfort to the patient. The diet list is most carefully recorded on the tablet on which the prescription is written. Cases of rheumatism, though it was midsummer, were very numerous. In the lying-in ward, cribs for the accommodation of the infants were placed by the side of each bed. The practice of confining the babe in tight bandages, common also in Germany, did not appear to contribute to its comfort or growth. The ubiquitous "vin ordinaire and baker's bread," which constitute the diet of the middle classes of France, were seen on a table near each bed. The room in which the examination of syphilitic patients was made had in it a table constructed with reference to position and convenient manipulation. Females of every age and condition, affected with gonorrhœa and syphilis, were examined with the aid of the speculum, in the presence of the nurse and the students. The os and cervix uteri were exhibited in every grade of inflammation, ulceration and syphilitic derangement. The cautery was freely used for the relief of such cases. The student could not have a better opportunity to acquire a practical knowledge of surgery and medicine, aided by the instruction of skillful and talented professors, than at this hospital.

We next visited La Salpetrière, another very old Parisian Hospital, passing on the way by the Cemetery of "Père la Chaise," and the "Jardin des Plants," and crossing the Seine over the "Pont d' Austerlitz," into the district known as "Old Paris," and in a quarter where once resided the most

eminent medical men of the city. Though unprovided with a letter of introduction, the medical official in charge at Salpetrière allowed us access to the entire building. Neatness, order, and strict attention to hygienic rules, were visible throughout the numerous wards of this famous hospital. The patients appeared admirably cared for. All were encouraged, of the convalescent class, to be employed. French gaiety, even under the clouds of mental and physical infirmity, was expressed in various ways. Grotesque and humorous pictures, of which the French people are so fond, were suspended on the walls. The amount of reading was small in comparison with English and American institutions of the kind. The newspapers and books were of the most inferior description. I saw a single exception at Vichy, where the Government has liberally provided for hundreds of invalids from all parts of the Republic, including orphan children, and have school rooms attached to every ward appropriated to this class, and furnished with every modern appliance suitable to acquire useful knowledge, together with a handsome chapel for religious purposes. In the female wards of Salpetrière, the cuisine, and even pharmacy, were presided over by a corps of Sisters of Charity appointed by the Lady Superior of Paris.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. Hayes Agnew, M. D.

REPORTED BY DE FOREST WILLARD, M. D.

Amputation of Fingers.

Gentlemen—The man before you, 26 years of age, received four days since a severe injury to the second and third phalanges of the middle and index fingers of his right hand, from revolving machinery. The laceration was so extensive that death of the parts followed as a necessary consequence of the cutting off of the circulation. The other fingers were injured but to a slight degree, and are even now healing.

The two first mentioned members, however, will now require removal, and this we shall proceed to do. The most important point in such an operation is to determine how much of the injured members shall be taken away. It is a question which is of considerable importance, and you will find that each surgeon has his own individual views, but from my experience, I feel confident in saying, that when removal of either middle or third fingers is required above the articulation of the first with the second phalanx, you will find it advantageous to amputate at the metacarpo-phalangeal junction. I say this, because I have found that any short portion of a finger frequently proves exceedingly annoying to the patient, on account of its want of correspondence in movement to the motions of the other digits, due to severing of the flexor and extensor tendons. In the case of the little finger, however, a small portion of this proximal phalanx, although of no practical value, yet might add somewhat to the symmetry of the hand. With the index finger, as with the thumb, there is but one rule, and that is to save all the tissue possible, in order to have good points of apposition.

When the ungual phalanges alone are injured, it frequently happens that the slough heals, rendering retrenchment of the bone unnecessary. Even when the metacarpal bone of the thumb is lost, the mass of muscles constituting its "ball" are of great service in holding and lifting weights in connection with the fingers.

In regard to the disposition of the head of the metacarpal bone when an entire finger has been removed, there has been much discussion, due, I think, to the fact that the advocates of the various plans have overlooked the fact that the advisability or non-advisability of such removal would depend upon the subsequent uses to which the mutilated member was to be put. In the case of a lady, less deformity would result in the event of its removal, the fingers gradually approaching until scarcely any trace of the missing portion is noticeable; but in a laboring man such impairment of the strength and width of the palm, by injury of the transverse ligament, would be most inconvenient.

The man being now etherized, I proceed to remove the middle finger by commencing my incision upon the back of the knuckle, over the condyle of the metacarpal bone; then carrying it well forward to a point half an inch in front of the most prominent portion of the bone, I carry the knife around to the palmar aspect of the finger joint in front of the commissure or web, and there connect it with the main incision, passing from the starting point around the other side of the member. I am thus explicit in regard to these incisions, as I know that students and even practitioners frequently make the sad mistake of cutting a flap so short that the bone is insufficiently covered, a mistake which occurs from a neglect to flex the finger before commencing the operation, as by this simple procedure the extreme end of the bone is made prominent.

The articulation being exposed, the lateral ligaments are nicked with the point of the knife and the bones soon separated. This articulation being a shallow ball and socket joint, there is no difficulty in carrying the knife between the opposing surfaces, but in the phalangeal joints great annoyance and delay is frequently occasioned by the mistaken haste of the operator, in attempting to pass his knife directly through, in defiance of the anatomical conformation of the extremities

of the bones. Sawing the knife, or hard pressure will only drive the edge deeper into the ends of the bone. Let him, however, delicately nick the lateral ligaments with the point of his knife, cutting from without inwards, and all the difficulty disappears; the joint will open by the slightest flexion of the finger, when the anterior ligament is easily divided and the operation completed.

The removal of a finger is seldom followed by serious hemorrhage, unless the parts are densely indurated by inflammatory deposit, in which case retraction of the artery becomes impossible, and the open and enlarged orifice permits a flow sufficiently copious to necessitate the application of a ligature to each of the digital arteries.

The index finger, as I told you, is so important a member that I shall save all that I possibly can, and will therefore remove it a little beyond the middle of the first phalanx. I will make lateral flaps, since the condition of the soft parts would require a higher amputation, if I should cut dorsal and palmar ones.

The further dressing of the wound will consist in approximating the parts by suture and adhesive strips, and then applying laudanum and water dressings, to control the resulting inflammation.

With the exceptions which I have already given, the rule in regard to amputation of any portion of the hand, is to save all tissue which is sound and healthy. One or more carpal or metacarpal bones may be taken away, or even portions of them excised, with a conservatism which will frequently succeed in saving large portions of the hand apparently doomed to destruction. Even the thumb without any of the fingers is of great service, in fact the carpus alone may be put to use, as seen in the interesting case which I now show you, in which there is a congenital deficiency of both metacarpus and phalanges. This man engages in the laborious occupation of shoveling, and is able to fix the handle of the spade so firmly as to be able to perform a full day's work. The flexors and extensors are well developed.

After amputation of the fingers it is well to slit up the sheaths of the tendons, since they are liable to form canals for the transit and burrowing of pus. This burrowing may also be prevented by the firm application of dressings to the stumps, and to the palm of the hand. An attempt should always be made to save fingers, even when they have been almost entirely severed, since delay usually does no harm.

Palmar Abscess.

The next cases which I shall show you are also instances of surgery of the hand, a department which is so common and yet so difficult that I feel you can never see too many cases. Look at the anatomy of the hand and then at its uses, and you will see how necessary that you should be so conversant with its surgical treatment that the best possible results may follow your curative efforts in its behalf. It is a region peculiarly liable to accidents and diseases, and is truly such a complicated piece of mechanism that it is wonderful that it is not more frequently out of repair.

The man before you is a mechanic, and his case illustrates a very common class of diseases. He remembers no special blow or injury, but his work is such as to occasion frequent concussion and bruising of the palm. As often happens under such circumstances, an inflammation is finally induced, which goes on to suppuration and all its consequent troubles.

If you look at this member you will find it misshapen, swollen and discolored, and upon palpation the dorsal aspect is markedly œdematous.

In the palm the swelling is not diffused, but is accurately defined and limited to the central portion of the hand, a diagnostic sign which at once shows that the collection of pus is beneath the deep fascia. There is no actual fluctuation, yet this tense condition of the fascia is sufficient to show that there is an accumulation of inflammatory products beneath.

If you will recall the anatomy of the part you will remember that the central portion of the palmar fascia is triangular in shape, is exceedingly dense and strong, and separates, by its vertical prolongations to the interosseous aponeuroses, the central from the lateral regions, *i. e.* the muscles of the ball of the thumb and little finger. It is partially, as you know, an expansion of the tendon of the palmaris longus, but its apex really commences at the annular ligament, while its base is split up into four processes, which pass down upon the fingers, and are again each subdivided into two slips, which inclose the tendons of the flexor muscles, allowing these tendons to play beneath the arch thus formed. These slips commence opposite the heads of the metacarpal bones, and in the intermediate spaces pass the digital vessels, nerves, and the interosseous muscles, the fascial division being firmly bound together by numerous dense transverse fibres.

Thus you see what a strong, unyielding membrane we have to limit and define this region, and so strong is it that a long time is required for pus to perforate it, preferring rather to seek an exit upon the back of the hand, by passing through the interosseous spaces. Before such an occurrence takes place, however, spontaneously, the disorganization of the structures beneath this fascia becomes so extensive that great subsequent complications are the results. Inflammatory adhesions of the tendons to their sheaths or the surrounding tissues takes place, and the hand remains crippled for life from the loss of motion in one or more of the fingers.

Such a result is an exceedingly unhappy one, and should be prevented by the action of the surgeon in giving vent to the pus before such necrosis of tissues takes place.

The diagnosis of an accumulation of pus beneath this fascia is not an easy one, yet

the œdema of the surrounding parts, with great inflammatory stuffing of the tissues, will indicate its presence in the deep structures, and especially if there is a particular point at which there is a tendency to pointing. Even without any other positive symptoms of the presence of pus than that of œdema and swelling, yet if the inflammation has been long continued and the pain severe, it may be almost certainly diagnosed, even although no fluctuation be discernible.

Occasionally the pus travels anteriorly, making its way forward through the bifurcations of the phalangeal portions of the fascia, and makes its appearance upon the sides of a finger, in which case the palm may be drained without opening the deep fascia, by simply carrying the knife into it from the side of the finger at which the pointing is threatened. In such manipulation care must be taken that the bifurcation of the digital arteries be not injured, but that the incision be carried just in front of it.

When it becomes necessary to open an abscess directly in the palm, as is usually the case, the following anatomical points must be remembered. The digital arteries lie in the interosseous spaces; the tendons lie directly over the bones; therefore the incision must be made just a little to one side of the metacarpal bone, in order to slip past the tendon if possible, and yet the point of the knife must be directed toward the bone, in order that the artery may escape injury.

In opening an abscess the incision should be sufficiently large to admit of free drainage, since any burrowing of pus is exceedingly disastrous. The incision may be made without fear of injury to the palmar arches at any point in front of a line drawn across the palm perpendicular to the web which joins the thumb to the hand, since the arches lie directly over the heads of the metacarpal bones. Posteriorly to this any incision becomes dangerous, and should be made with great care; in fact, a knife should never be plunged in, but any accumulation of pus which may here exist should be reached by a slow and careful dissection, raising the layers of fascia upon a grooved director, and slitting them up with the bistoury.

In the case before us, as the most prominent point of the abscess is directly over the metacarpal bone of the middle finger, I carry my knife directly down to the bone, slipping past the tendon as I have told you. The pus flows freely, and we can assure this man that he will be almost immediately freed from the excruciating pain which he has been suffering for the past week. A flaxseed poultice will be applied and continued until the discharge ceases; after which, repeated manipulations of the fingers must not be omitted, lest adhesions and contractions supervene and injure the member.

Aneurism of the Palmar Arch.

The next patient is a boy, 13 years of age, who received a punctured wound of the hand some three months since. The wound healed kindly, but in a few weeks after, while playing ball, he suddenly felt a twinge of pain in the hand, and in a few days noticed a slight feeling of discomfort. In a short time a small tumor was discovered, which has slowly but steadily increased in size to the present time, when it has attained the bulk of an English walnut. The tumor pulsated strongly, but this action ceased almost entirely when the ulnar artery was compressed, and was arrested by pressure on both radial and ulnar.

Under the hope that coagulation might occur, the latter artery was tied and the radial compressed, but as such result did not follow, I propose this morning to dissect down upon the tumor, tie both its sources of supply, and allow it to ulcerate and slough away. I therefore make an incision directly over its long diameter, lay off the flaps, and then raising successive layers of deep fascia and expansion of the palmaris longus tendon, pass slowly down until I reach the sac. Several small branches bleed freely, but they are easily tied, and now, as I clear all the structures from around the tumor with my grooved director, you can see the pulsations at each contraction of the heart. The aneurism is evidently upon the superficial arch, and I now pass eyed probes beneath both its ulnar and radial sources of supply, and then drawing through strong ligatures, tie them tightly and firmly. All pulsation ceases at once, and we have only to put on a light water dressing, combat the inflammatory symptoms and wait until it sloughs away.

(The boy made an excellent recovery and has now perfect use of his hand. De F.W.)

The primary wound of the arch was evidently simply through the external or fibrous coat of the artery, but this so weakened its walls that subsequent exertions were easily sufficient to cause saccular dilatation.

In regard to recent incised or punctured wounds of these palmar arches causing serious hemorrhages, I am in favor of cutting directly down and tying both ends of the bleeding vessel. The search may be tedious but the hemorrhage can be controlled by pressure upon the brachial, and when once secured, the subsequent dangers are less than if the brachial or radial and ulnar are tied. When the artery cannot be reached, it is advisable to attempt to control hemorrhage by the application of a graduated compress to the wound, the hand being bound firmly upon a splint.

This failing, the two main arteries of the forearm may be ligated, but the anastomosis with the interosseous is so free, that bleeding may still occur, and it is therefore ordinarily recommended to go higher up and tie the main trunk in the arm. In the majority of cases, however, I believe this to be too serious an operation to be performed when an exercise of patience would be rewarded by the finding of the bleeding vessel itself, and as there is already a wound in the palm, but little additional injury is done.

Medical Societies.

REPORT OF NORTHAMPTON CO., PA., MEDICAL SOCIETY.

October 19th, 1873.

The quarterly meeting of the Society was convened at 2 P. M.

Drs. Breinig and Samuel Sandt reported cases of married women who had never menstruated, although healthy. Dr. Seip reported a case of a married female who never menstruated except during her eight pregnancies. Dr. Ott reported a case occurring in the practice of Dr. A. Reeves Jackson, where menstruation took place although double ovariotomy had been performed. H. Beigel, in a recent paper,* advocates the theory that ovulation and menstruation are independent functions.

Dr. Green stated that there were no epidemics and a small amount of disease throughout the county during the summer.

Dr. Breinig reported a case of neuro-retinitis with flakes on the vitreous, which was recovering under pot. iodid. and hyd. bichlorid.

Dr. John Sandt reported a case of spinal meningitis in a boy about 16. For two weeks he could not bear the light of the sun when working, as it caused considerable weakness. Dr. S. saw him on July 19th, and found him able to walk in a dragging manner, with great distress in breathing, a constriction about the chest, state of pupil not noted, general hyperæsthesia of the body, fever, headache, tenderness along the spine, aggravated by motion, and no vomiting. In a few days the paralysis of the lower extremities and left fore-arm was more complete, continuance of the fever, although no headache, spasms, or loss of power over the sphincter present. The fever subsided about the fourth day. The treatment at first was verat. virid. with calomel and counter-irritants, then pot. iodid. with strychnia and faradaism of affected muscles. At present, three months after the commencement of the attack, there is considerable emaciation; hyperæsthesia is not present except at exit of sciatic nerves; electro-muscular contractility of lower extremities is lowered, although better in the left leg. Sensibility is greater in the right leg. Electro-muscular contractility is better in right arm than in the left. During the past three months slow and gradual improvement has taken place. In the discussion as regards treatment the following was thought best: fld. ext. ergot in large doses, with pot. iod., pot. bromid, faradaic currents to affected muscles, and counter-irritation along the spine.

Dr. Ott alluded to a short experience with a Leclanchi manganese cell, stating that M. Rosenthal, of Vienna, and Sincohn, in our own country, recommended it highly in electro-therapy. The late experience of Schwanda and Priwoznik* is that good results were obtained from it when daily used for thirteen months without renewal of fluids. This fact removes the doubt of Riemsseris that this battery, when diligently used, would lose rapidly its electro-motor strength. The physiological strength of the cell remained nearly the same after a year. Its recommendations are its cheapness, power of affording electricity for a long time without renewal of supplies, and absence of acid. The cell consists of a porous jar, containing a carbon plate and oxide of manganese. This is sealed at the top and placed in a glass jar containing solution of muriate of ammonia, and a rod of zinc.

On motion Society adjourned.

* Rosenthal's Centralblatt, No. xlv, 1873.

CHENANGO COUNTY, N. Y., MEDICAL SOCIETY.

The Tri-annual meeting of the Chenango County Medical Society was held in Norwich, Oct. 14th, 1873.

The Society was called to order by the President, Dr. H. Halbert, and the minutes of the preceding meeting were read for information.

Notice of the death of Dr. Blin S. Sill, of Bainbridge, was given by Dr. G. W. Avery.

Dr. H. S. Gardner reported a case of abscess of the gall-bladder, that previous to an autopsy had been diagnosed as abscess of the liver. In the space of about nine months this abscess discharged through an external opening thirty-four gall stones. The patient, a male, died ultimately of bilious diarrhœa. The gall and bladder had been completely obliterated, leaving in its place only a sack of gall stones, thirty-one in number. A peculiar feature of this case was, that notwithstanding the destruction of the gall-bladder the abdomen was abundantly covered with successive layers of adipose tissue, thus refuting some of the theories in regard to its supposed functions.

A case of diseased prostate was reported by Dr. H. C. Lyman. The gland at death was found to measure five inches in length, two in width and three-quarters of an inch in thickness.

Dr. S. F. McFarland, as committee on Surgery, gave a practical illustration of the workings of the laryngoscope and of Dieulafoy's Aspirator as modified by Tieman of New York. Referring to many of the improvements in Surgery and Surgical appliances, he exhibited a specimen of paper dressing for fracture. This he reported was first used in this county by Dr. Geo. Douglas, and had been subsequently introduced into his own practice. This is made by cutting manilla paper into suitable strips and stiffening the same by the application of common starch.

On motion, the Society adjourned to meet at the Eagle Hotel, Norwich, on the second Tuesday in January, 1874.

D. M. Lee, Secretary.

* Rosenthal's Centralblatt, No. xli, 1873.

Editorial Department.

Periscope.

Treatment of Syphilitic Cachexia.

Mr. S. A. Lane, in a clinical lecture reported in the *British Medical Journal*, has the following remarks on this subject:—

The efficacy of the iodide of potassium is admitted by all surgeons, but many think lightly of the powers of sarsaparilla in this disease. I am not sorry of the opportunity of expressing my decided opinion of its value in all the symptoms of syphilitic cachexia. I am old enough to remember the time, before the introduction of the salts of iodine, when sarsaparilla was almost the sole remedy depended upon in the treatment of tertiary syphilis. During this period, I tested fully the powers of sarsaparilla, as compared with those of steel, bark, and other tonics, by treating cases in the Lock Hospital, under the same hygienic conditions, alternately by the latter remedies and by sarsaparilla, with the result of convincing myself that they possessed little or no efficacy, and that sarsaparilla was the most powerful remedy then known in tertiary syphilis. Indeed, most of the cases treated by bark or steel, or by both these medicines, remained nearly stationary until sarsaparillla was taken, when a rapid improvement set in. Pains in the bones disappeared in a week, and the other symptoms in succession; and in the majority of the cases the patients were apparently well after a six weeks' or two months' course of the medicine. In fact, the patients recovered as certainly and almost as quickly as they do now under the iodide of potassium. They were, of course, as liable to relapses, but not more so than now under the latter remedy. Yet I am frequently told by surgeons that they never give sarsaparilla, as they think it is a useless remedy. The only fault I find with it is that it is expensive, and not always well prepared.

After these general observations, and having laid down the principles upon which the treatment should be conducted, a few words will suffice to explain the details of the plan which I find of most advantage in syphilitic cachexia, whatever may be the existing symptoms of the complaint. It consists in the administration of iodide of potassium in from three to ten grain doses, taken in a third of a pint of the simple or compound decoction of sarsaparilla as a vehicle, alternating with a pill of two grains of quinine and three grains of confection of opium, also taken thrice daily. Exceptional cases may require the iodide to be increased to fifteen or twenty grains, and an additional dose of opium at night will often be found necessary. I have been disappointed, as I have before mentioned, with the preparations of steel or other tonics in these affections. Opium has appeared to me beneficial in two ways, firstly, by soothing pain and allaying irritability; and secondly, by moderating the amount of the several secretions, and thus preventing all unnecessary waste. I may mention here that these patients are very liable to occasional attacks of diarrhœa, by which their symptoms are invariably aggravated. Under these circumstances, larger doses of opium, and the ordinary astringent remedies depended upon for checking diarrhœa, may be required; and, in fact, any concurrent disturbance of the general health must be met by its appropriate treatment.

I need not here repeat what I have just stated as regards regimen, generous diet, abstaining from over-exertion, and proper hygienic regulations, which must be carefully attended to throughout the treatment, and even after the patient is apparently well; otherwise relapses are almost certain to occur. Indeed, under the most careful management they will occur; and it requires great confidence in the principles of treatment to refrain from altering the plan. Many surgeons are disposed to leave off the iodine, and to give mercury; and I have frequently had great difficulty in persuading both patients and surgeon that the accession of fresh symptoms constituted a reason the more for persevering with the iodine and increasing its dose.

The local treatment is of secondary importance, and I do not feel warranted in occupying your time with it; suffice it to say that the general principles of surgery will sufficiently direct you.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Mr. J. B. Shannon, of Chicago, has sent us his pamphlet circular on "Displacements of the Uterus, and an accountof a new Principle of Treatment." The new principle is simply a new form of a pessary, "self-adjusting," as it is styled by the inventor. The theory of its action seems plausible, but there are several expressions in the circular which ought to be modified or omitted, as they convey erroneous impressions.

——One of the most impudent institutions in the world is the Bennett Eclectic Medical

College of Chicago. It sails under the name and colors of Prof. J. Hughes Bennett, of Edinboro', whom it claims as the prince of Eclectics. Its Sixth Annual Commencement, before us, for sublime mendacity, distances even the renowned "American University of (Camden near) Philadelphia."

——Among the more interesting foreign medical works announced we mention the following:—

Arnold. Anatomische Beiträge zu der Lehre von den Schusswunden, gesammelt während der Kriegsjahre 1870 und 1871 in den Reservelazarethen zu Heidelberg. Mit 13 Tafeln. *Heidelberg*, 1873. 4to, 216 pp.

Gutteeit L. H. Dreissig Jahre Praxis. Erfahrungen am Krankenbett und im ärztlichen Kabinet. (In 2 Thln.) 1. Thl. *Wien*, 1873. 692 pp.

Huffell, W. Anatomie und operative Behandlung der Gebärmutter- und Scheidenvorfälle. Mit 26 lith. Abbildungen. *Freiburg i. Br.*, 1873.

——The Philadelphia Guide. Porter and Coates, 1873.

BOOK NOTICES.

A Practical Treatise on the Diseases of the Ear, including the Anatomy of the Organ. By D. B. St. John Roosa, A. M. M. D. 110 Illustrations. 8vo, 500 pp. W. Wood & Co., New York. Price $5.00.

At no period of medical history has the anatomy and pathology of the ear been so minutely cultivated as at present, and the number of those devoting themselves to Otology is constantly increasing. It is also gratifying to know that most of our recent graduates have been taught the general anatomy of the ear, and can doubtless make an examination so as to determine the condition of the organ, excepting in rare forms of disease. Of the works devoted to its anatomy we may here mention those of Drs. Rüdinger, Politzer, Kessel and Waldeyer, the latter having given his exclusive attention to the auditory nerve and cochlea. The monographs upon this one interesting subject number 69, among which we notice the well known names of "Gottstein," "Bottcher," "Breschet," "Claudius," "Corte," "Kölliker," and others. Our knowledge of the medicine and surgery of the ear has also advanced, as seen by the numerous papers, to say nothing of translations, published in every medical journal, and the general works in this department have kept medical men well informed in all the practical details. First in importance is the work of Professor Gruber, of Vienna, then come Rossi, of Italy, and Dr. L. Turnbull, of the United States, still more recently, Drs. Dalby and Pennefeather, of England, and Dr. Roosa, of this country. It is our intention to notice this latter work, which, produced at this time, with all these advantages, *ought* to show some internal evidences of a knowledge of the subject in *advance* of what we find in *existing standard* works, and free from the defects of those works published. A recent boasting critic in a New York journal states "Most of the general practitioners are lamentably ignorant of the subject of diseases of the ear, and if they do not confess their ignorance, do what is worse by concealing it, and do their patients a great deal of harm." Now we have not found this to be the case, and we doubt if it is so in New York, and it should have been Dr. Roosa's agreeable duty to refute this statement, instead of saying "probably to-day there are more practitioners of medicine who view aural medicine and surgery from the stand-point of the errorists of the dark ages than there are in any other field. It is to be feared that even now many wise and skillful men do not know that to drop stimulating or even anodyne applications upon a membrane which they have never examined, to probe an ear for wax they cannot see, etc.," pp. 17, 18.

Chapter 1. We propose, therefore, to analyze the treatise, carefully searching for the new ideas it may contain, as the second work on diseases of the ear emanating from an American source and intended as a guide. The first chapter, of 49 pages, has no value except as a historical sketch, the greater portion of it being a free translation from the work of Carl Gustav Lincke, an almost obsolete work, published in Liepzig in 1837, consisting of two volumes, the first of which contained the Historical Progress of Otology, with the Anatomy, Physiology and Pathology of the organs of Hearing. It was very prolix in its literal analyses, and was never considered worthy of a translation. In this sketch of the progress of Otology, from 1843 to 1860, Dr. Roosa omits the work of "Rau," the distinguished professor of the university of Bern, published in Berlin

1856; his "Lehrbuch der Ohrenheilkunde für Arzte und Studirende" is undoubtedly the most thorough scientific work on Diseases of the Ear published in German up to that date, and contains a full account of the use of *air, steam and carbonic acid*, with illustrations of his apparatus.

Chapter 2. Anatomy of the auricle and external auditory canal, containing thirteen pages, mostly occupied by wood cuts; is laboriously compiled from the works of Gray, Gruber, Henle, Hyrtl, Kessel and Von Tröltsch.

See p. 72, value of the tuning fork: "As Dr. Prout intimated, the great desideratum is an instrument which will give the same number of vibrations of the same pitch and tone under the same conditions." Same number of vibrations must be the same pitch under all conditions. What is intended to be conveyed is that we need an instrument which will always yield the same *intensity of tone*, or, in plain English, be as loud when used at one time as another. Also, p. 75, "on striking, it (the tuning fork), we notice particularly two distinct tones, one the ground tone or dominant, the other the upper tone or musical fifth" (mistake).

Chapter 3. The examination of aural patients contains as complete an account of the method as is generally given, but on p. 82 is a representation of the most awkward manner of using the speculum that could be imagined, and on p. 84 the operator is represented breaking his back over an equally ingenious and equally awkward method. (The cut is a representative illustration, which looks as if it came from some illustrated modern novel.) By the first method, to be sure, the external canal may be straightened, but the speculum cannot be introduced by the second; the speculum may be screwed into the crooked canal, much to the discomfort of the patient and not much to the advantage of the operator. The author's frequent method of pulling the auricle aside and throwing in daylight, without the speculum, must be much more comfortable.

Our author states, in the same chapter, "I introduced the use of the aural mirror (or otoscope, as it should be called) into the practice of the New York Eye and Ear Infirmary, in 1863, where it soon superseded all other methods, *and whence it has been very generally adopted in the United States.*" Is not this an assumption? As if the author's example introduced this mirror into general use in the United States, as well as in the New York Eye and Ear Infirmary. It certainly was used by many physicians in the United States before 1863, who had read the work of Von Troltsch, published in 1862. The mirror was known before this, and was first proposed by Dr. Hoffman, of Westphalia, and was described by Dr. Trank, on p. 49 of his "Practische Anleitung zur Erkenntniss und Behandlung der Ohrenkrankheiten. Erlangen," 1845.

In the portion devoted to rhinoscopy much that is superfluous is minutely described, and the difficult problem of controlling the uvula is very graciously left to "the surgeon of ordinary tact." A slight acquaintance with laryngoscopy would have suggested that it is far better to have the patient to hold the tongue forward than for the operator to employ half his hands in crowding it back into the pharynx, and gagging the patient, (fig. 17); it is far from being an efficient instrument arrayed as in this illustration. Fig. 18 has neglected to give the explanatory matter called for by the letters in the cut. There is not a rhinoscopic view in the work.

In the author's description of the method of introducing the Eustachian catheter, the preliminary of drawing the lip down appears to take the place of the often necessary and always convenient lifting of the point of the nose upward; and he also allows the patient to interfere by means of the almost involuntary action of the faucial muscles, instead of having the mouth kept open, so that swallowing is made difficult and a matter of the will. Nor does it seem likely that the irregular action of the faucial muscles can as certainly direct the point of the catheter into the mouth of the tube as the hand of an ordinary surgeon into the parts quiescent. We would also suggest that during the injection of air it would not be a bad idea to guard against accident from the movements of the patient or his friends, by resting a finger or two upon the patient's cheek, whilst holding the catheter lightly between the thumb and fore-finger, instead of standing at arms length with the catheter grasped between the thumb and three fingers, with the hand in the clumsy position of supination, as depicted on p. 96. How much better would it be to sit in front of the patient and have perfect control of the catheter, by holding it as above indicated.

Again, one of the chief difficulties in the attempt to introduce the Eustachian catheter is entirely ignored, *i. e.* the displacement and distortion of the mouth of the tube, due to neighboring cicatrices. The objections on the last page of this chapter to Valsalvi's valuable method, hold equally good in regard to any other method of forcing air into the tympanum.

Chapter 4. Diseases of the auricle are classified as follows: 1. Malformations; 2. Tumors; 3. Malignant Diseases; 4. Injuries; 5. Eczema. This chapter is pleasantly written, but does not appear to mention congenital occlusion of the external meatus with normal auricle.

The author takes issue with Voltolini, who considers the auricle to be a reflector, condenser and conductor of sound. Dr. Roosa thinks if it were merely a reflector and condenser it would have done its work better if formed of bone. It is to be considered as an external membrana tympani. We would suggest that if man needed the large, smooth, sensitive and mobile ear, so useful to the horse and rabbit for instance, it would not, as at present, exist as the small crumpled appendix, which, while answering its purpose well enough, maintains man's analogy with his fellow creatures. This outer membrane is placed in different degrees of tension by reflex action, just as is the true membrana tympani by the tensor tympani. This he illustrates by observing the operation of syringing the ear; at the entrance of each stream of water the auricle moves, and at times this motion is sufficient to cause a backward current of the water from the ear. Again, many persons with impaired hearing can hear the watch if it but touch the outermost tip of the auricle, while it cannot be heard if held but a line removed from the part, p. 103. Neither of these phenomena has been witnessed by us, although we have syringed thousands of ears, and applied the watch to every part of the auricle; we have found but one spot that gave no response to the sound. Now this is certainly not the case with the membrana tympani. A recent writer* on the diseases and injuries of the ear, considers it open to question, whether the loss of one auricle in man, by accident, has afforded opportunities of comparing the two ears, or contributes in *any considerable degree* towards *collecting* the waves of sound in their passage to the meatus. A still more recent communication to the Philadelphia *Medical Times*, by an original experimenter,* gives to it, we think, a true function as a *resonator*, and furnishes good grounds for this opinion. On pages 109 and 110 the author avails himself of the observations on Othæmatomata, by Dr. Hun, and adopts his cuts and pathological conclusions, which he states are confirmed by Dr. Brown-Sequard, "that disease of the base of the brain, which is, however, not always attended by insanity, is the cause of hæmatoma auris, p. 112." This cannot be confirmed in every instance of disease of the base of the brain that we have, and we consider the opinions of Drs. Kirkbride, Worthington and Laycock of more practical weight than even so distinguished a physiologist as Dr. Brown-Sequard.

In chronic eczema, Dr. Roosa considers arsenic the only specific for internal use, and further remarks, "I usually give Fowler's solution in connection with the local treatment, poulticing until all the crusts are removed, then anointing with an ointment of the sulphate of iron and simple cerate, in the proportion of from one to two grains of the former to a drachm of the latter." We have used Fowler's solution until our patient's eyelids and skin became œdematous, and yet have failed to cure our patients, and have given it up. We have found that after using the bichloride of mercury internally, every symptom of the disease has passed away, for we know that many of these cases are of syphilitic origin; therefore, mercurial treatment with the external use of nitrate of mercury ointment, (double the usual strength) or a sixty-grain solution of nitrate of silver judiciously applied to the external auditory canal, will cure a large class of cases which will not be influenced by arsenic. No mention is made of the importance of central galvanizations in treating eczema, when all other means have failed; it is stated by good authority† that the results recorded are more satisfactory than in almost any other form of cutaneous disorder.

Chapter 5. The External Auditory Canal. This contains a list of the affections of the canal, which are arranged as follows: 1.

* W. B. Dalby, Aural Surgeon, St. George's Hospital.

* Dr. Burnett.

† Drs. Beard and Rockwell, Medical Record, August 15, 1873.

Diffuse Inflammation; 2. Circumscribed; 3. Vegetable Fungous Growths; 4. Inspissated Cerumen; 5. Eczema; 6. Foreign Bodies, of Polypi; 7. Exostoses and Hyperostoses; 8. Syphilitic Condylomata and Ulcers.

In this chapter there seems to be considerable confusion, as parts of it really belong to, and have already been noticed in, preceding chapters, and the author says, "to avoid any misconception, I would remark that while bony growths (exostoses and hyperostoses) are classed under the affections of the external auditory canal, they are actually consequences of inflammations of the middle ear;" p. 119. Now this is not always true, for in three cases reported by Drs. Allen, Thomson, Jaeger, and the late Joseph Toynbee, F.R.S., in two cases they had the labyrinth quite naturally formed, the bony Eustachian tube and cavity of the tympanum also existing, with a certain amount of hearing, showing the disease did not originate in the middle ear, but in the external auditory meatus. On page 120, Troeltsch is made to repeat his old assertion that there can be no catarrh of the external auditory passage because there is no mucous membrane. Voltolini has considered this question in *Monatsschrift fur Ohrenheilkunde*, January, 1871, No. 1, and gives good reasons for his term "catarrh of the external auditory canal." On page 127 the author recommends Davidson's syringe, which we would strongly condemn on account of the stream being intermittent and spasmodic, while the small syringe is but little better, as it requires filling every few seconds. A hard rubber syringe, of eight ounces capacity, with a well oiled piston, will be much more comfortable to the patient and satisfactory to the operator, in children at least, which form the great majority of the cases requiring the syringe, providing it is not held in the dangerous position indicated on page 128; he does not steady the syringe with two fingers of the same hand with which he holds the auricle back; the danger is of wounding the canal, perhaps membrane, or deluging the patient with every irregular motion; either may happen, and the idea of using no towels or gum cloth about the patient's neck is simply untidy.

Chapter 6. "Parasitic Inflammation of the External Auditory Canal, Syphilitic Ulcers and Condylomata." Our author considers the parasite not a primary disease, but a consequence of a diffuse otitis. Betzold gives the history of ten cases of the disease, and adds his contribution to the pathology of parasitic growths in the ear. In all of his cases the presence of the vegetable parasite had been preceded by the instillation of oil into the external meatus, which, in his opinion, furnished a favorable soil for the development of the plant, but the presence of the growth he considers a specific parasitic, and not an accidental circumstance.

Chapter 7. Is devoted to inspissated cerumen, in which there are five cases given as ordinary, remarkable, and inflammatory trouble; cases which are met with in everyday practice, even the composition and functions of cerumen, with quotations from W. Thomas Buchanan, of Hull, published in London, 1828, the subject of which is more curious than instructive.

p. 152. *Learned to treat ears* as if they *were* soap-*bubbles;* not very complimentary in connection with the name of Gross. Dr. Isaac Hay, of Philadelphia, does he mean Isaac Hays?

Chapter 8. Foreign bodies in the Ear, with their Removal. The author having no statistics of his own furnishes those of Dr. Mayer, of Munich, and a case from Mr. Geo. Pilcher.

[*To be Continued.*]

Transactions of the Mississippi State Medical Association, 1873. Vol. VI. pp. 150.

Among the articles contained in this volume we mention one on Malarial Hematuria, by Dr. J. P. Moore; on Sequelæ of Malarial Diseases, by Dr. J. W. M. Shattuck; on Scarlatina, by Dr. J. R. Barnett; on Conservative Surgery, by Dr. A. A. Lyon; on Dysmenorrhœa, by Dr. J. D. McConnell; on Epidemic Fever, by Drs. Whitehead and Craft; and on Meningitis, by Dr. S. V. D. Hill. Cases are reported by Drs. Hunt, Whitehead, Lyon, Hicks, Booth, Taylor, and others. The Annual Oration was by Dr. A. A. Lyon, of Columbus, on the Dignity of the Medical Profession, and is a well-written address. The Address of the President, Dr. C. B. Galloway, is also an able composition. A brief but judicious report on the progress of materia medica and therapeutics is contributed by Dr. D. W. Booth, of Vicksburg. The volume generally is one highly gratifying to the friends of the Society, and we hope it will issue many such.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOV. 22, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE LAWS COMMON TO MIND AND MATTER.

In the last few numbers of this journal we have explained the modern doctrines of Life, of Force, and of Soul. It remains, in order to complete the survey of this recondite province of physiological science which we have been exploring, to examine somewhat more attentively that community of laws which we found at the conclusion of our last article to constitute the real bond of unity between Thought and Matter, or, to phrase it differently, between Mind and Body.

Two eminent English authors, Professor BAIN and Dr. MAUDSLEY, have each written, the last year, a work on this very topic, and each has advocated closely similar views. These, in the case of the former, defend, to use his own words, "a guarded Materialism," and in the case of the latter a Materialism that can hardly be called guarded. In spite of the high reputation of these teachers, and the solid worth of much of their writings, few who are versed in the literature of psychology will accept their theories as adequate. It is not our purpose to point out their shortcomings, but merely to warn our readers that while they are good authorities so far as they go, they fail to grasp, or perhaps they avoid the subtlest points of the inquiry.

Taking their works as fair expositions of the ascertained and the suspected physiological bases of Life and Thought, we shall briefly adduce some of the laws common to thought and extended substance, in order to indicate the path of investigation in this direction.

First, what is the true mental correlate of the physical fact of *Life?* This is the first and broadest question. We have defined *life* to be a certain condition of material Being. What immaterial, unextended, mental fact is its universal associate, its inseparable correlate?

No one can hesitate a moment to acknowledge that this correlate is *Feeling*, the sentient faculty. This is exclusively confined to living beings, and is co-extensive with them, in the vegetable as well as in the animal world. But can we not define still more closely this correlate? There can be no reasonable doubt but that we can and must. Not Feeling alone, but *pleasurable feeling*, as opposed to *painful feeling*, is the true mental correlate of Life.

This is a most momentous and far-reaching conclusion. It is formulated by Prof. Bain as the "Law of Self-Conservation," in the following words, which, however, might be more pointedly arranged:—

"States of Pleasure are connected with an increase, states of Pain with an abatement, of vital functions." (*The Theories of the Relation of Mind and Body.* p. 59).

The condition of increasing vitality is therefore increasing pleasure, and *vice versa;* and that this is true mentally and morally, as well as physically, is the assumed foundation of what is known as the Utilitarian theories of Ethics and Political Economy. The objections to these theories are in constant process of reduction, and doubtless will, ere many years, be wholly

overcome; but of course we cannot stop even to glance at this immense discussion. Suffice it to say that modern physical science here reaches exactly the same point which psychical analysis, in the masterly hands of SPINOZA, attained two hundred years ago, as any one can see by comparing the third part of his *Ethices* with this last book of Prof. BAIN.

The second fundamental law common to Thought and Material, is akin to this first law of Self-Conservation. It is the law of Unity or Identity. Whatever is, exists as itself, and not as something else. In other words, it preserves its own identity. Plants and animals, whose constituent parts are undergoing ceaseless change, preserve the identity of Form, and what is even more inexplicable, transmit this Form, so that each species "brings forth after its kind." So in Thought, one must think of anything as one thing, and not another. The nervous impression given by the color blue, must always be recognized as the color blue, or all correct thought about it becomes impossible.

The third great law is the law of Duality, otherwise called Relativity or Contrast. One thing can only exist as one by being different from some other thing. So it can only be a subject of thought when contrasted with some allied subject of thought. We recognize the blue because it differs from the red, etc.

But we will not pursue the subject further, though it is far from exhausted. We merely want to show by a few examples that there are a series of laws, which are equally valid in the realm of mind and the realm of matter; that in the concrete expression of the law only, does the antithesis of the mental and material appear; and that the supposed antagonism of the two is a reality, only as the rising of the sun over the horizon is a reality, that is, a relative one merely. He who ponders sufficiently long on the meaning and character of these laws, will not be led astray by the narrower doctrines of Materialism, "guarded," or otherwise, for he will perceive that the formal law holds by a higher title than its concrete expression, even if we may never know it apart from the latter.

NOTES AND COMMENTS.

Ethiops Mineral in Cholera.

Prof. SOCRATES CADET, of Rome, has sent us a circular letter detailing the experiences of the past summer with the Ethiops mineral in cholera. As a prophylactic he claims that no one who took it as prescribed contracted the disease; and as a remedy, that its success was flattering. The particulars of this treatment have already been given in the REPORTER.

CORRESPONDENCE.

Symptomatic Diplopia.

EDS. MED. AND SURG. REPORTER:—

A contributor to the REPORTER, Nov. 1st, 1873, details several cases of disturbed vision due to the action of cincho-quinine, and closes his remarks in the following language, viz:—

"Since cincho-quinine will undoubtedly produce these disturbances of vision, varying from slight blurring to complete diplopia, the inquiry naturally arises, whether this result is due to any change in the nervous or vascular condition of the retina; or due to a direct action on the origin of the optic nerve; or due to a general action on the cerebrum? If the diplopia is traced to either of the above sources, will the prolonged use of cincho-quinine in full doses, in any case of malarial fever, be likely to impair permanently the sight?"

It is a well established fact, known to all careful students of medicine, that quinine produces retinal hyperæmia, and if continued in full doses for any great length of time, produces amblyopia by obtunding the percipient power of the retina. The pathological features of amblyopia due to the action of quinine have not yet been determined. It is most likely that as the first effect is manifest in retinal hyperæmia, there is ultimately developed atrophy of some or all of the cones in the bacillar layer of the retina. Wells mentions that in cases of amaurosis from large doses of quinine, the trouble was probably caused by "great congestion of the cerebral circulation, as much benefit was derived from the artificial leech."*

Whilst the ophthalmoscope discloses re-

* Treatise on Diseases of the Eye, 3d Edition, p. 462.

tinal hyperæmia as an almost constant symptom of quininism, the amblyopia that follows never presents visible ophthalmoscopic phenomena.

The double vision resulting from "cinchoquininism" could not possibly be due to any disturbance of the "nervous or vascular condition of the retina," neither can it be produced by "direct action on the origin of the optic nerve;" nor by direct or indirect action on any part of the optic nerve.

To produce double vision there must be disturbance of the refracting media, or of the relations of the two eyes to each other. A want of harmonious action in the recti or oblique muscles, no matter upon what that want of harmony depends, will produce double vision in persons possessing binocular vision, and although the gentleman did not state, I warrant that no drug can produce diplopia in persons not possessed of binocular vision, and further, that had he or any of the other persons he mentions, closed one eye the double vision would have instantly disappeared.

Then it follows, necessarily, that muscular atony or palsy caused the diplopia, by disturbing the relations of the optic axes, interfering with the fixing of the two eyes upon a single object within eighteen or twenty feet of the subject.

Quinine produces unsteadiness in the internal recti muscles, as in other muscles of the body; unsteadiness in the action of the internal recti annuls the power to maintain that amount of convergence in the visual axes necessary in fixing the two eyes upon any near object, as in reading. The Doctor states that he and all the others could read for a moment or so before any disturbance became manifest. He states that "there was blurring between the apparent objects," and we assume that the images were separated laterally, that they were parallel, and that they were on the same horizontal plane.

This has, at least, been the character of all the cases known to the writer, and the gentleman does not state to the contrary. So, then, unsteadiness of the internal recti muscles must have given rise to all the visual disturbances complained of. The trouble is quite common after the use of large doses of quinine.

Professor L. P. Yandell, Jr., and Dr. C. H. Alexander, both of this city, reported* to the college of Physicians and Surgeons, of Louisville, a number of cases of diplopia occurring in persons who had taken the sulphate of cinchonia in five grain doses, to break the paroxysms of intermittent fever.

The statements of the gentleman are a little unfortunate, as those who read his report may possibly conclude that the visual disturbance is something to be feared from the use of the cincho-quinine, when, in fact, the ordinary sulphate of quinine, the sulphate of cinchonia, and all their preparations, are just as likely to produce diplopia.

* These cases numbered several hundred; the reports were made in 1871.

There is no danger in the use of cinchoquinine in anything like reasonable quantities.

The disturbance of vision is almost uniformly of very short duration, and possesses interest as a symptom of cincho-quininism merely; just as the swollen upper lip, coryza, etc., indicate iodinism, and yet no one fears to use the iodide of potassium.

DUDLEY S. REYNOLDS, M. D.
Louisville, Ky., Nov. 5th, 1873.

NEWS AND MISCELLANY.

Medical Testimony in the Stokes-Fisk Case.

We take the following summary of the medical evidence in the above case from the *Scientific American*:—

The scene of the tragedy was at the Grand Central Hotel, on Broadway, in this city. Fisk had just entered the premises, and was in the act of ascending the stairway of the ladies' entrance, when he was shot by a man standing on the landing above. The ball entered his abdomen just above the navel and passed obliquely down through the intestines, lodging in the muscles of the thigh. Another ball made flesh wounds in the arm. The assassin was Edward S. Stokes, who was almost immediately arrested and lodged in jail, while the wounded man at once received medical attendance in the hotel, where, after lingering until the following day, he died.

From the evidence, it appears that Fisk was attended by seven doctors and surgeons, all prominent men in this community, namely, Drs. Carnochan, Tripler, Steele, White, Sayre, Fisher and Wood. In the multitude of counsel there is generally supposed to be wisdom; but it seems to have proved otherwise in this case. Dr. Tripler began operations by deeply probing the distressing wound, an injudicious proceeding, according to some of the medical experts. Subsequently Dr. Fisher, Dr. Wood and Dr. White each used the probe. Several glasses of brandy and water were administered, also chloroform and morphia. The latter was administered by the mouth, and by subcutaneous injection, six times within four hours.

Dr. Wood testified that he told Drs. Fisher and Tripler, who were the choice of Mr. Fisk as attendants, that they had two lives on their hands, Fisk's and Stokes', and must administer the opium with their finfiers on the pulse and watch carefully the condition of Fisk's pupil and of his intelligence. He ascribed Fisk's death to shock, but admitted that the later symptoms, such as stertorous breathing, were symptoms of opium poisoning. He had heard of many cases of recovery from serious wounds in the intestines; he had seen, in cases of hernia, a portion of the intestines slough away and the patient recover; he did not, in the light of authenticated cases, consider Fisk's wound necessarily fatal.

Dr. John M. Carnochan, the distinguished surgeon, reached Fisk's bedside some seven or eight hours after the shooting. He did not think, when he saw Mr. Fisk, that he exhibited the symptoms of shock; he had reacted; he thought the giving of two and a half grains of morphia, thirty drops, hypodermically, was a most dangerous way of using opium; it was, he believed, at least the cause of his premature death, that is, that it hastened his death. He thought Fisk could not intelligently have made his will, if he was laboring under shock. He related cases, that he had known, of penetration of the bowels which had not proved fatal. On cross-examination, Dr. Carnochan said that he found Fisk, when he reached him, in an unnaturally somnolent condition; the wound did not kill him, the morphia did; there was a possibility that the wound had something to do with it, but he had none of the usual symptoms immediately following injury from a gunshot wound; there was nothing to indicate that he was suffering in any manner from the wound; it was a very dangerous wound, but not necessarily a fatal one. Q. You would expect him to get well? A. Of course I would.

Dr. Gurdon Buck testified that the wound was alone sufficient to account for death, and that the use of opium he regarded as a proper treatment; but some of the symptoms agreed with those of opium poisoning.

Dr. A. B. Crosby testified that he would consider such a wound fatal.

Dr. Thompson, professor at the university, explained that death from shock arose from enfeeblement of the heart, while death from narcotism arose from coma, or from the head. Probing, in abdominal wounds, while the shock lasted, he thought should rarely be resorted to. Chloroform was contra-indicated by shock. It should not be used while shock lasted. He thought he had seen death result from the administering of twenty drops of chloroform. He described at length the symptoms of opium poisoning, which ends in coma, and declared that, in death by shock, though there might be insensibility, that was different from coma. Snoring was utterly inconsistent with shock. Deep breathing was the clear mark of recovery from shock. He declared that the symptoms described indicated that Mr. Fisk had recovered from shock. He thought the length of time excluded entirely the idea of death from peritonitis, and the only conclusion was that he died from an overdose of morphia.

Dr. Macready was examined as an expert on the effect of the wound, and the effect of the morphia administered. He was inclined to think, from their describing the doses by drops, that one-half more had been given than was supposed, as ten drops would be fifteen minims. The administering of morphia hypodermically nearly doubled its power. He was strongly of opinion, from the description of the case, that Fisk did not die from shock or peritonitis. There was not enough peritonitis to produce death, and the development of the symptoms were not those of shock. The symptoms were those of inflammation of the brain or uræmic or narcotic poisoning. There being no disease of the brain or kidneys, he ascribed the death to an excess of narcotics.

Dr. Marsh, deputy coroner, testified that he made the *post mortem* examination. In his opinion the death of Fisk was due to shock and peritonitis. But the latter was not sufficient of itself to have caused death. As to narcotism, he did not make any examination. Subcutaneously administered, one twenty-third part of a grain of morphia had been fatal. Taken in the stomach, two grains had been fatal. As to wounds in the abdomen, in the Crimean war ten per cent. of those wounded had recovered; in the recent rebellion war, twenty-five per cent. had recovered.

Judge Davis, in submitting the case to the jury, made an elaborate and excellent charge. He solemnly warned them against allowing themselves to be influenced by any feelings of prejudice either for or against the prisoner. They must be wholly governed by the evidence before them. In reference to that branch of the defence here under consideration, the Judge was very clear and explicit. "If morphia improperly administered, either as to the manner or as to the quantity, caused the death of James Fisk, Jr., on the 7th of January, 1872, not as an accelerating cause, but an independent cause, being in itself the sole agent producing death at that time, then the prisoner is not chargeable with the death, because another and an independent agent produced that result, in which his act, the wound he caused, did not concur. * * I charge you, as the law on this subject, that if you come to the conclusion that the medicines administered were the sole cause of death, and at the same time that the prisoner intended to kill, that he fired the fatal shot with intent to kill, and inflicted a wound with that design, then it is your duty to convict him of an attempt to commit murder in the first degree." In view of this charge, and the medical evidence, it would seem as if the jury had reason for giving the verdict they did, independent of the other points of the defence, which were well sustained.

QUERIES AND REPLIES.

The Horse Chestnut.

"Will you or some of your readers inform me what are the medicinal properties of the Horse Chestnut, or Buckeye, as it is called in the West.

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Reply.—Its principal use has been as an antiperiodic, the inner bark being the part employed. Eds.

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Dr. E. H. H., of Ky.—We are of opinion that the eye cups advertised to restore the sight when it commences to fail from advancing years, are of doubtful efficacy.

Advertising.

Dr. W. G., of Tenn.—A very little reflection shows that were it allowable for physicians to advertise nostrums, the public would have no protection from most injurious preparations.

Dr. F. M. A., of Ind.—We can obtain and forward you the work referred to on its appearance.

Dr. D. N. McB., of Ohio—We recommend "Thompson on the Urinary Organs," and "Chambers on Indigestion."

"Christ's Eye."

A correspondent wishes to know the botanical designation of the plant called by this name in Culpepper's "Complete Herbal" and other old works.

OBITUARY.

SIR HENRY HOLLAND, BART., M. D., D. C. L., F. R. S.

The death of this distinguished man was announced in telegraphic dispatches from London, October 29th. He belonged to the generation that was in its prime when Scott, Byron, and Wordsworth still flourished, and was the physician or friend, and in some instances both, of Campbell, Moore, Joanna Baillie, Rogers, Lord Grey, Lord Landsdowne, Lord Brougham, Earl Russell, Macaulay, Sydney Smith, Hallam, and others, whose names will go down to posterity, and attended professionally at least three friends of Dr. Johnson, Mrs. Piossi (Thrale), Sir W. Pepys, and Mme. D'Arblay. He was consulted about the last illness of Napoleon I, and prognosticated its fatal termination. He was the friend of Mme. De Stael and Talleyrand. He was with Mr. Canning, Prime Minister of England, during the last two days of his life. It was then that Canning said to him, "I have struggled against this long, but it has conquered me at last." At Holland House he met Sir Philip Francis, the reputed author of the "Letters of Junius." He repeatedly saw Lord Byron in London society, and says of him:—"His presence made the fortune of any dinner or drawing-room party for which it could be obtained, and was always known by a crowd gathered round him, the female portion of which generally predominated. I have seen many of these epidemic impulses in London society, but none more marked than this. There was a certain haughtiness in his manner of receiving the homage tendered him, which did not, however, prevent him from resenting its withdrawal." The autobiographical sketch from which this quotation is taken was prepared for his children in 1868, and in it he alludes to this remarkable linking of the associations of several generations thus:—"A memento of this passage from one generation to another occurred to me but a few weeks ago, when Lord Stanley happened to be dining alone with me. It astonished him to learn, as in some sort it did myself to relate, that I had frequently attended his great-grandfather (the eleventh Earl of Derby) some forty-five years ago."

Sir Henry was the eldest son of Peter Holland, Esq., and was born at Knutsford, Cheshire, England, October 27, 1788, and had just entered on his eighty-sixth year when he died. He was educated at the University of Edinburgh, where he graduated M. D. in 1811, and soon afterwards he made a tour of Greece and the Ionian Islands, of which he published an account in 1815, under the title of *Travels in Albania and Thessaly*. On his return to England, he established himself in London, and soon attained a prominent position in the medical profession. He was appointed Physician in Ordinary to the Princess of Wales, afterward Queen Caroline, in 1814, to Prince Albert in 1840, and to Queen Victoria in 1852. He was made a Baronet in 1853. In 1834 he was married the second time, to Saba, daughter of Sydney Smith. He was successful from the very outset of his professional career, and it was his good fortune to find himself placed in the midst of the most agreeable society in London. He was one of the famous "set" which made Holland House illustrious. His observation of the world was not gained alone by association with the eminent men of England. He made it a constant practice to spend two months every year in foreign travel, even in the period of his greatest professional activity, and there are few interesting countries, except in the far East, which he had not visited. He made eight or nine voyages to the United States, and on the last, in 1869, was accompanied by his son. In the sketch alluded to above he recalls memories of these journeys. "I have come back each year refreshed in health of body and mind, and ready for the ten months of busy practice which lay before me. On the day, or even the hour, of reaching home from long and distant journeys, I have generally resumed my wonted professional work. * * * I recollect to have found a patient waiting in my room when I came back from those mountain heights not more than 200 miles from the frontier of Persia, where the 10,000 Greeks uttered their joyous cry on the sudden sight of the Euxine. The same thing has happened to me in returning from Egypt and Syria; the communication in each case being made from points on my homeward journey. Returning from America I have more than once begun a round of visits from the Gaston Station." He speaks of one of his previous visits to the United States, in an allusion made to Sydney Smith, in the following language:—"One of his warmest admirers was the late President Abraham Lincoln, himself a man of much quaint humor, curiously expressed in tales of Kentucky and Illinois life, which he brought into connection with events seeming to require more serious illustrations. Of the six Presidents of the United States whom I have known, including Andrew Johnson, he seemed to me the only one gifted with this faculty. I recollect sitting with him and Mr. Seward over a log fire in the White House (the Federal forts and Gen. Lee's dismantled villa seen from the windows across the Potomac), a few hours only after intelligence had been received of the first disastrous battle of Chattanooga. The conversation at first centred on this event; but the cheerful temperament of these two remarkable men gradually translated it to other topics; and the President amused himself and us by some of those racy anecdotes which often convey more of practical truth than any dry reasoning can afford. The possession of this genial humor, unalloyed by any personal asperities, helped greatly that popularity which was mainly due to the honesty and consistency of the man in times of unforeseen and perilous trial to his country." On that visit Mr. Lincoln presented to Sir Henry the map of the seat of war in Virginia which he had used himself for reference in following the movements of the hostile armies, writing his own and his visitor's names on the margin. The habit of making a yearly journey to some foreign country seems to have been fixed upon Sir Henry Holland. On his last visit to this country he was in his eighty-second year, and he went as far as St. Paul, Minn., while he had already traversed 30,000 miles of this continent.

Among his medical works are *Medical Notes and Reflections*, which has been reprinted in the United States, and *Mental Physiology*. Lady Holland, in 1855, published a life of her father, Rev. Sydney Smith.

MARRIAGES.

RAHAUSER—HAYS.—On Thursday evening, September 25, 1873, at Southbank, the residence of the bride's father, Mr. Jacob Hays, by the Rev. James Kirk, George G. Rahauser, M.D., and Miss Minnie Hays, both of the South Side, Pittsburg.

STEARNS—LYON.—November 5th, at the residence of the bride's parents, by the Rev. Mr. Catlin, of Northumberland, J. A. Stearns and Miss Sallie Lyon, daughter of Dr. Thos. Lyon, Williamsport, Penna.

DEATHS.

MORRIS.—Died, in West Pittston, Luzerne Co., Pa., November 5th, Charles Morris, eldest son of Dr. John Morris, of Orange, Luzerne Co., Pa., aged thirty-two years.

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Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

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The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. [illegible]DONS, M. D., *Madison, Fla.*

I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. *Wapping Falls, New York.*

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M. D., *Indianapolis, Ind.*

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M. D., *Lincoln, Ill.*

I have used an ounce of Cincho-Quinine in some obstinate cases of intermittent neuralgia and ague, and am happy to state that it has thus far sustained in full the anticipation raised by what you have claimed for it. Dr. S. S. Cutter, of this city, has an extensive general practice, and he informed me a few days ago that the Cincho-Quinine was giving satisfaction.—J. H. BEECH, *Coldwater, Mich.*

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THE

MEDICAL AND SURGICAL REPORTER.

No. 874.] PHILADELPHIA, NOV. 29, 1873. [Vol. XXIX.—No. 23.

Original Department.

Communications.

TREATMENT OF CHRONIC SUPPURATIONS OF THE EAR.*

Par E. Follin, Professeur agrégé a la Faculté de Médecine, et Simon Duplay, Professeur agrégé a la Faculté de Médecine, Chirurgien des Hôpitaux, Paris.

Translated by Laurence Turnbull, M. D., Of Philadelphia.

The chronic suppurations of the ear being almost always connected with a constitutional state, the general treatment is of great importance.

I refer the reader to what I have already said on this subject of the treatment of external chronic otitis, and of chronic myringitis. The local treatment consists, first, to prevent the stagnation and deterioration of the pus in the bottom of the ear; second, to modify the condition of the diseased parts, and lastly, to try to obtain the cicatrization of the membrana tympani, or, if this be impossible, the suppression of the purulent discharge. The stagnation and decomposition of pus may be prevented by making frequent injections with tepid water, with a light astringent liquid, or even disinfectant, if the odor is very noticeable.

There should be no fear of passing a quart of tepid water three or four times a day; nor to act with a certain force, employing a large syringe or a powerful irrigator. Here, as elsewhere, skill is preferable to violence, and when these injections are made conveniently, it is useless to employ force.

It is of consequence to straighten completely the auditory canal by forcibly drawing the external ear above and behind, then the extremity of the tube of the syringe, or of the irrigator, being introduced in the auditory meatus, can be directed towards the posterior partition of the canal, in such a manner that the jet of the liquid does not directly strike the labyrinthic partition, and cause vertigo, syncope, and vomitings.

Why I insist on these details is that the auricular injections are very badly given.

It has happened to me several times to modify and very rapidly cure suppurations in a long-standing case, by the help of the same injections that invalids employ without success from the beginning of their discharge. It has sufficed to show them the manner of practicing these injections. After each washing, medicated applications should be used to modify the diseased parts. The agents employed are extremely variable; they are astringents or light caustics. Sulphate of zinc and copper, alum, tannin, subacetate of lead, and nitrate of silver are equally employed with success. However, each of these agents are indicated more particularly following the case. In simple otorrhœa, without granulations, alum (from 2 to 6 grs. for 100 of water) seems to me, above all, to succeed. In fungous otitis, sulphate of copper (from 1 to 2 grs. for 100) and nitrate of silver are sometimes more advantageous.

In a general manner it can be said, that in cases where the disease is difficult to treat, the nature of the agents employed for application may be changed. I have found successful, when every means seemed definitely without effect, the introducing in the bottom of the canal a plug of wadding saturated

* Traité Élémentaire de Pathologie Externe. Chapetre iv, p. 147, 1873.

with a solution of equal parts of tannin and alcohol, which I allow to remain for twenty-four hours, and which I renew every four or five days. These means, which should be employed only in suppurative chronic otitis, exempt from pain.

It is equally necessary to take certain indispensable precautions for these medicated applications to produce a desirable effect. The patient should bend the head from the opposite side while the liquid is placed in the ear; then, after the latter has penetrated through the perforation of the tympanum, and comes in contact with all the parts of the cavity, the patient should use Valsalva's experiment until the air has traversed the tube, when the liquid penetrates, bathes all the cavity, and introduces itself skillfully in the tube passing through the pharynx.

Some physicians (aurists) commend the insufflation of powders in the treatment of chronic suppurations of the ear. Talc, subnitrate of bismuth, alum, sulphate of copper, have been employed, but these powders have the inconvenience of forming with the pus solid masses that are difficult to detach. In certain cases of fungous and granular otitis, it is, however, sometimes useful, having given relief. Good results may be better obtained by directly touching the diseased portions (previously illuminating them by the speculum), either with a small pencil of nitrate of silver, or with a brush saturated with a solution of nitrate of silver, chloride of zinc, subacetate of lead, or perchloride of iron.

At different times, physicians attributing functional troubles which accompany purulent chronic catarrh, caused by the persistance of the perforations of the membrana tympani, have sought to remedy it by obtaining an artificial covering. The first attempts shown were by Marcus Bauzer, 1640, and by Leschevin, 1763; but it is principally since the publications of Yearsley* and of Toynbee that the utility of the artificial tympanum has been recognized.

The first advised the use of a little ball of moistened cotton applied on the perforation of the tympanum, whilst Toynbee devised a genuine artificial membrane composed of a thin layer of vulcanized India rubber, in the centre of which is placed a small silver thread, which facilitates the application and extraction of it. The pressure of this hard metallic thread in the canal is not free from inconvenience; it can be replaced by a small tube of India rubber, from two to three millimetres in diameter, adherent to the round disc.

* The *Lancet*, July 1st, 1843.

THE PROGRESS OF ELECTRICITY IN SURGERY AND MEDICINE, WITH RECENT RESEARCHES.

Read before the Medical and Surgical Society of Baltimore, October 16th, 1873.

BY JNO. J. CALDWELL, M. D.

From the time of Volta and Galvani, and the learned student Torrachella, up to the experiments by those great philosophers, Humphrey Davy, Oersted and Franklin, or, indeed, if we go back to the ancients, with their electric baths, we find this wonderful agent, electricity, used in the healing art.

It was much in vogue in the treatment of various diseases, even so early as in the past half century, when, from the cumbersome and unreliable character of the batteries, instruments, etc., then in use, as well as the then imperfect knowledge of the nervous functions, this valuable agent fell into the hands of charlatanism and itinerant quackery. Indeed, at this period, the whole scientific effort of the savans in this direction seemed to be the application of the electric current to the annihilation of time and space, which has resulted in the present triumphs of Telegraphy.

Hence, we see that electro-physics and electro-dynamics were greatly developed, at the expense of electro-medicine and surgery. Thus it remained until the learned Marshall Hall, Claude Bernard, Duchenne, and Brown-Sequard stepped forward to our rescue, and gave us such results of their scientific investigations in regard to this important agent (so closely allied to the vital forces) as to enable us to exhibit it with some degree of success and certainty in diseased conditions, so that now many of the most eminent of our profession, at home and abroad, are devoting their talents and attention to its therapeutical indications.

As the result of our own practice and experience we may state that the successful application of electricity is, in no case, more strikingly manifest than in the removal of morbid growths by the electro-cautery, especially those of a soft and bleeding character, found in the rectum, vagina and other passages, and, indeed, in any part of the body where the use of the knife is impracticable.

This force, when applied to electro-puncture in the treatment of aneurisms, has not been so successful in our experience, though Ciniselli, in the *Medical Press and Circular*, of London, reports many cases of success by this mode, and gives full and particular instructions as to the use of the needles and the necessary apparatus. The same force, modified in the treatment of ulcers, is termed electrolysis; the mode of application is to moisten porous paper or linen, cloth, etc., with a solution of the mineral or earthy styptic salts, applying it immediately to the ulcer, then placing the positive pole, in the shape of a zinc electrode, to this covering, passing the negative pole gently around the ulcer, we have an electro-chemical action brought about which deposits the mineral particles upon the morbid surfaces.

The exhibition of this current should be maintained at each sitting for ten or fifteen minutes, and should be made daily. Indolent ulcers, of long standing, have yielded kindly to this process after the failure of almost every other means. A signal advantage of this mode is its lessening of the sensibility of the diseased tissue.

In a late and able paper, my esteemed friend, Alexander Murray, M. D., L.R.C.S., Edin, etc., also a member of the Electro-Therapeutical Society, of New York, who has had large experience in this process, says: "I prefer, however, to use the dilute mineral acids, on account of their stringent and chemical properties. I cover the bottom of the ulcer with a little lymph, cotton wool or granulated sponge; then wet the sponge with whatever agent the nature of the disease may require, and apply the metal disc directly to the saturated material; while I keep one electrode stationary for a few moments, in the ulcer, I work the second conductor slowly around the diseased part; thus I have the nascent chlorine, oxygen, etc., directly eliminated and applied to the parts."

His paper is replete with cases and results, and is well worthy the observation of the surgeon.

Further on the Doctor says, in reference to indolent ulcers, that the flabby, livid-colored granulations, which are usually found in them, after one or two applications of galvanism, are soon changed to a healthy flesh or rose color.

He denominates this method of treatment Galvano-ozonization.

Dr. Murray eulogizes this mode of treatment, and remarks that he finds no reference whatever regarding its use, or mode of application, in any work on electro-therapeutics which he has consulted; whereas, in an article entitled "Electro-chemical Action on Cell-tissues," read before the Electro-Therapeutical Society, of New York, and published in the New York *Medical Journal*, we introduced and particularly dwelt upon this mode of treatment in malignant growths and ulcers, and termed it electrolysis.

We presented to the Society a phial of tissue electrolyzed into fluid extract (beef cell-tissue), at the time of reading the aforenamed paper, the specimen still retaining its original freshness and condition, probably attributable to its being charged with free chlorine. This mode of treatment we regard with great consideration, because we think it clearly points to a new era in the treatment of morbid growth.

Through this mode we have been successful in dissipating schirrus in its early stages, and other tumors of various characters, ulcers, etc.

Galvanism, in the treatment of parasitic skin diseases, thus far, in our hands, has been quite successful. By its electrolytic force, no doubt, the liquids are coagulated, and the animalculæ disintegrated.

We have also employed it in the treatment of eczema with some good results, but not with that brilliant success claimed by Geo. M. Beard, M. D., of New York. This arduous and original worker in the fields of electro-therapeutics claims to have cured the aforementioned and several other skin troubles by central galvanization alone, without making any application to the diseased surface, and cites many cases, both in private and hospital practice, to verify his statement.

Galvanism, in the treatment of neuralgia of various kinds, is one of our most valuable adjuncts. Of course we must bear in view the origin or cause of the complaint, viz: if malarious, use quinine; if specific, iodine, iodoform, etc.; if neuro-asthenic, cod-liver and the phosphates; if mechanical, the surgeon's interference; but in most of these cases we have one or two conditions of the spinal cord, hyperemia, or anemia.

In hyperemic neuralgia, hypodermic in-

jections of ergotine and galvanism; in anemic neuralgia, strychnine and Faradaism. In both instances we have nausea and dull pain in the stomach, as the remote demonstrations, as well as pain of the joints, face and other neuralgic regions.

The morbid conditions wherein electro-therapeutical applications are indicated may be briefly summed up, viz: in their efficacy in restoring normal action in partial or general paralysis, or wherever there is great atrophy or an inert muscular action, dependent upon deficient nervous tone or deranged action in the nervous centres; in the subjugation of the violent pain of articular rheumatism; in certain atonic or debilitated conditions of the system, owing to impaired nutrition; in the removal of malignant tumors where surgical interference is entirely out of the question, and especially in the extirpation of soft, morbid growths, etc.; and the effects of electrolysis and galvanism have been successfully demonstrated upon anatomical secretions, excretions and morbid cell developments. In applying electricity to tumors we use electrodes with sponge-tips, saturated with a strong solution of chloride of sodium. We always commence from the border of the tumor and gradually approach the more solid particles; as a result, suppuration and absorption set in and destroy the growth.

In this connection we beg leave to refer to a case which came under our own treatment.

Dr. G., a prominent Catholic clergyman, of Brooklyn, N. Y., who suffered from malignant tumor, involving the right side of the face, neck, trachea, and other vital organs, to such an extent as to be unamenable to surgical treatment. He had consulted prominent members of the profession, without encouragement or success. The growth was rapid and pointed to an early dissolution by suffocation, presenting all the characteristics of schirrus. In June, 1871, he called at our office to consult us concerning his trouble, whereupon we informed him of its serious and threatening nature, and that, in our opinion, little encouragement could be given, save that which might be afforded by the judicious use of electricity. Our mode of treatment in this case was daily application of the galvanic current, from a sixteen cell battery (of G. F. Manf. Co.). This treatment was continued from June 5th to July 7th, twenty-four applications in all, with great success, the tumor having entirely disappeared, relieving him of all its distressing features.

What might be termed the surgical advantages of the electro-cautery will be illustrated by the following case which came under our observation:—

Mrs. W. F., of Kentucky, had a growth which originated upon her left breast, and which increased in size so rapidly as to produce great constitutional disturbances, by deposits in other parts. Even in her case we were able to afford great relief temporarily, for cropping out from the main growth was a bleeding fungoid, which was so large as to involve the axilla and impinge upon the free movement of the arm; this we removed while the patient was etherized, by the electro-cautery loop; she rallied kindly and did not lose enough blood to stain the clothes about her.

By the electrolytic power we have removed successfully three cases of schirrus during the early stages of development; as yet there has been no return of the disease.

It would be out of place, in a paper of this character, to enumerate all the heterogeneous maladies which electricity, either in one or the other of its three currents, viz: electro-tonic, electrolysis, electro-cautery, has proved serviceable in. The electro-tonic will be found highly useful in modifying irritability of nerves of special sense, whilst galvanism (electrolysis) has been found curative in partial paralysis of the vaso-motor nerves, in troubles of the pneumogastric nerves, such as asthma, dyspepsia, etc., in primary arterial spasms, apoplectic paralysis, in the cases of muscular progressive atrophy, in early stages of progressive locomotor-ataxy, and in neuralgic affection of cerebro-spinal nerves. It was for the removal of dyspnœa that led Dr. Phillips, of England, to try galvanism as a remedy in asthma. By transmitting the current from the nape of the neck to the pit of the stomach, he gave decided relief in every one of twenty-two cases.

Claude Bernard believes that in the human subject diabetes mellitus is due to an over activity of the nerves which stimulate the function of the liver, and considers it possible that, if it were in our power to galvanize the sympathetic nerve, this would be the best possible mode of treating diabetes symptomatically, the function of this nerve

being weakened by the undue activity of its antagonists.

Finally we will mention two cases of progressive locomotor-ataxy in its first stage, as the result of sexual excesses and exposure to cold, successfully treated by the Faradic current, with hypodermic injections of strychnia along the cord; duration of treatment about three months, with an application of the current every other day, of fifteen minutes' seance each; injections two or three times a week. In the first case the young man had lately married, and to the ardor of youth we must ascribe his trouble. In the second, a young English gentleman endured great exposure to cold on a gunning frolic in Virginia, the thermometer ranging about zero, being much below his native climate (England). In both cases the symptoms were much alike, viz: a loss of power of co-ordinating movements; so that they had difficulty in walking, lost their balance frequently, had an uncertain and tottering gait, much like a drunken man, could not walk across the floor with their eyes closed without danger of falling headforemost, suffered from rheumatic pains, sharp pains in limited spots, say thighs, knees, and shin bones; bottom of the feet felt as though covered with thick plasters, with occasional prickings, as with pins and needles; when walking, must watch their legs to prevent staggering or falling; legs thrown forward spasmodically.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

October 31st, 1873.

Gentlemen—Since last clinic Dr. Francis Delafield has furnished me with a report of the microscopical characteristics of the fluid withdrawn from the abdominal tumor by the Aspirator. He says he discovered no formative elements, merely pus corpuscles, blood corpuscles, and compound granular cells.

If Dr. Atlee is correct in his views about the utero-fibroid cell, the tumor was ovarian. But whilst there is any doubt we will do nothing.

Were it fibro-cystic, it might go on for ten years, whereas, if ovarian, the patient would drag out an existence for about three years. My own views on the matter would be to let the tumor alone so long as it remains in the condition it is in at present, but should it show marked signs of increase, I would remove it.

Sub-Serous Fibroid.

Mrs. S., aged 43, married three years, sterile. Has been complaining for the past three years of marked pain in groin and back, increased when walking, also pain over the pubes. Has severe dysmenorrhœa. I show you this case, gentlemen, in which very little can be done in the way of cure, though much may be done to relieve. The diagnosis of a case if incurable is just as important as if curable. You may ask what is the use of it when we can do nothing? Very true, but if we can do no good, it may save us from doing harm.

Vaginal Examination.—The neck is narrow and the os small, but large enough to allow of the passage of a sound to the fundus. On the side of the uterus there is a tumor, sensitive on pressure. If this were a hyperplastic ovary prolapsed, we should expect to find it in Douglas' cul-de-sac, and more sensitive than it is now. It is true, it might be an ovary bound to the side of the uterus. The fact of it being sensitive should not weigh very much in the diagnosis, for a fibrous tumor may become excessively so. I suppose every practitioner is aware how sensitive a fatty tumor may become when subject to pressure, as in the gluteal region. In like manner a fibroid tumor of the uterus may also grow sensitive.

This patient has been under treatment for a long time. She now lives in the country, and when she comes to the city she calls to see me, and in this way I was able to bring her before you to-day. During the last six months she has markedly improved; at that time she was eager for any operation. I advised her to let it alone, and have a pessary applied, which she did, with a very favorable result.

Sub-Mucous Fibroid.

Miss N., aged 28, has been sick for two years with metrorrhagia, but has had no uterine pain. Patient is greatly exsanguinated.

Vaginal Examination.—On passing the finger into the vagina the os is felt high up, and by conjoined manipulation the uterus is enlarged several times its normal size. Placing the patient in Sims' position the sound is found to go up seven and a half inches.

In making the examination I use this whalebone sound armed with a little knob the size of a buckshot, for it has frequently happened that where any force had to be used the sound has penetrated the uterine wall, and strange to say, the cases did not end fatally. This might be utero-gestation, but I would hardly expect it with a metrorrhagia of two years' duration. The whale-

bone sound in entering the uterus curves around the fibroid tumor and gives a greater measurement than there is in reality.

Fibrous tumors of the uterus are of three varieties: *Sub-mucous*, *Sub-serous* and *Mural*. The contractile efforts of the uterus soon drive the infant mural tumor either into or out of the cavity, thus giving us eventually two classes, the *Sub-mucous* and *Sub-serous*. Operations on sub-serous or peritoneal forms are out of the question, but on the other hand we have nothing serious to dread from them, and when the patient has ceased to menstruate, the tumor ceases to enlarge, if not to diminish. Many people have them, yet suffer little or no inconvenience.

Sub-mucous tumors, on the other hand, give rise to more important trouble, but they have this advantage, that they are remediable. There is thus between the two a law of compensation.

The treatment of this case will be the same as the one on which I operated at the Woman's Hospital six days ago, and which I will report from time to time. The cervix is cut in three places, the incision passing up to the internal os; ergot is administered, either by the stomach, or, if she is unable to retain it that way, by the rectum. Ergotine may be used hypodermically, and if so, to one part of ergotine add seven each of water and glycerine, and of this thirty or forty drops may be introduced at a time. By this plan of procedure the contractile fibres of the cervix are completely paralyzed.

I do not use sponge tents; they frequently give us very bad results. Two days ago, that is four days from the time of operation in the Hospital case, I found that I could introduce my finger into the cervix; I am now in no hurry about the case, as I can control bleeding, and wait six weeks or two months, as the case may be. If I find that there is a broad base, I can strip it off from the wall of the uterus, and for this nothing is better than a uterine depressor. It then can be removed by the eccraseur. This is a slow operation but a sure one.

There is another operation, and it is this: slit the capsule and enucleate the tumor. I have already operated on six cases, and in each case successfully. The capsule remains, but it can be removed without difficulty. If this patient will enter hospital I shall try the same treatment as in my last operation, slitting the cervix and giving ergot.

Sterility—Disease of Ovaries.

Mrs. W., aged 36, married nine years, but has had no children. Sterility may be considered a disease in women, as a rule, but not always so, for civilization has so far advanced that women themselves decide whether or not they will bear children. I recollect well when I was a boy, and that has not been very long ago, that families numbered seven, eight, or a dozen children. Now there will be, if any, only one, two, or perhaps three. This, undoubtedly, is going to have a very disastrous effect upon the nation. There is another cause to mention, and that is impotency on the part of the husband. I recollect an odd coincidence in respect to this subject, in which I operated on two cases of imperforate hymen, and in each case was the sterility due to the husband. But to come back to the case before us, she has been sick for a year with pain in the back and side, and is pale and nervous.

Vaginal Examination.—On examining the uterus it is found normal every way, but posteriorily there are two masses between which the finger passes when it is carried upwards through the rectum.

They are undoubtedly prolapsed ovaries; they are painful to the touch, but not specially so. I think this is merely an enlargement similar in pathological characteristics to enlarged tonsils, and in no way cystic disease. Diseased ovaries produce diseased ova, and in this way cause sterility. Women affected this way are liable to have irregularities in menstruation, but it is not so in this case.

As regards treatment, pessaries are of little or no service. Bromides and Iodines are absolutely inefficacious. Iodine is used to the vagina posteriorly, but under any case the disease is exceedingly obstinate. It has been suggested to remove the ovaries through the vagina, but the dangers resulting therefrom have not been thoroughly tested. In the present case the patient does not suffer enough to demand an operation.

Tumor in Rectum.

Mrs. S., aged 22. Had an abortion three years ago. Has been three years sick. Suffers severely from dysmenorrhœa. Has considerable trouble in moving her bowels.

Vaginal Examination.—On making an examination the uterus was found to be retroverted, and we considered that here was the cause of the trouble in defæcation, but on examining more thoroughly, a small tumor was found in the wall of the rectum, which, when opened was found to contain colloid matter.

There is connected with the uterus also a fibrous tumor. Were the retroversion simple the cure would be so also. But if there is a fibrous tumor, a pessary will irritate, and the patient will be unable to wear it. Again, if the vagina is attached low on the cervix, it will not keep in position, but slip over the cervix anteriorly. Again, if there has been false membranes connected with the uterus, never promise the patient a cure, for the pessary here again will cause much irritation, and possibly light up an attack of peritonitis.

It is in these classes of cases the intra-uterine stem is indicated. Chambers says, in the London *Obstetrical Journal*, that he sees no bad effects from this way of treating the uterus. So also some of the German authors report, but my experience has been quite the reverse. If this patient will enter hospital, we will see what can be done for her with the intra-uterine stem.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Reported by J. W. P. Bates, M. D.

Tetanus.

BY G. L. WILKINS, M. D.

Two varieties of tetanus are usually described by systematic writers, the idiopathic and the traumatic, but as they are characterized by similar phenomena, differing mainly as to their modes of origination and severity of symptoms, there would be no advantage in considering them separately. The influence of each variety in modifying the fatality and treatment of the disease will be considered hereafter.

Symptoms. One of the first symptoms to make its appearance is a feeling of pain and oppression in the epigastric region. At first this does not attract much attention, but with the advance of the disease it increases in severity. Following this pain, there is uneasiness and a sense of stiffness of the muscles concerned in deglutition, slight at first, but it is not long before swallowing is impeded to a considerable extent. Attending these symptoms there are more or less mental and physical depression, sensations of chilliness and general malaise. This usually constitutes the prodromatic stage, which may last a few hours, or several days, or in rapid cases may be entirely overlooked. In the next stage the epigastric pain continues. It is seated just below the sternum, extending backwards to the spinal column, and is due to spasm of the diaphragm. The difficulty of swallowing increases, then the muscles of the jaws become contracted, rendering it difficult and sometimes impossible to open the mouth. As the muscles of the face become affected, an expression like the *risus sardonicus* is produced, from retraction of the angles of the mouth, the elevation of the *alae nasi* and the expansion of the nostrils. At the same time the eyes are staring, the brows corrugated, and the countenance wears an anxious expression. Following these contractions the morbid action extends to the other muscles, from above downwards, until there is rigidity and contraction of the entire muscular system. The spasms characteristic of tetanus are tonic; they are marked by more or less exacerbation, and are accompanied by partial relaxation. Any cause calculated to excite reflex action will induce recurrence of the attack. Thus any sudden contact with the body, noise of any kind, and even a breath of cold air may produce an aggravation of the spasms. They are marked by great pain, and have been known to be so violent as to break the teeth and the bones of the leg, and even to tear the large muscles of the thigh. During the exacerbation extreme contraction of the pupil, followed by partial dilatation in the interval takes place. This point, to which attention was first directed by Todd, I have frequently observed. The frequency of the spasms depends entirely upon the severity of the disease. The tonic rigidity of the muscles of respiration produces difficulty of breathing, and the same result may ensue from spasmodic closure of the glottis. Death has frequently taken place from these causes. With all this muscular excitement there is seldom any fever. The skin is hot and the thermometer often ranges from 105° to 110°, but the pulse is frequently small and weak, perspiration is generally profuse, the urine is scant and often retained, and always contains an excess of urea. This observation I was led to make in consequence of the excessive muscular contractions that take place, and the relation that urea bears to muscular waste, as demonstrated by Prof. Flint, Jr., in the remarkable pedestrian feats of Weston. Owing to the difficulty of swallowing, the patient suffers from hunger and thirst, thus causing a further reduction in the powers of the system. The bowels are constipated, wakefulness is generally present from the first, and the mind is clear throughout. Death usually takes place from apnœa; it may, however, result from exhaustion, and according to some authors, from the spasmodic action attacking the heart.

Duration. This is very variable. The shortest case on record is one observed by Robinson, of Edinburgh, where the patient was immediately seized with tetanus after cutting his finger, and died within fifteen minutes after the attack. Death may take place within a few hours, or as late as the sixth week. The average duration of fatal cases is from three to five days. The period which elapses between the reception of the cause and the beginning of the symptoms, is also very variable. In eighty-one cases collected by Curling they began between the fourth and fourteenth days.

Causes. The most common cause is bodily injury of any kind, from the slightest to the most severe, and of any part of the body, although wounds of the feet and hands are supposed to be more frequently productive of it than those of other regions. Next in frequency to wounds is exposure to cold, damp weather. This is the exciting cause in the great majority of cases of idiopathic tetanus, and it increases the susceptibility in those who have been wounded. According to Hammond, "it was not uncommon during the recent war for the number of cases of tetanus to be very much increased immediately after a sudden change of the weather, from dry and mild to wet and cold." It may also be caused by worms, dentition, abortion, labor and diseases of the womb. Drs. Willan and Hennen report terror as a cause. "In the form occurring in very young children, and known as *trismus nascentium*, it appears to be caused by the neglect of the proper attention to the cut umbilical cord." I have seen it caused by the irritation and inflammation set up by

powdered nutmeg and burned linen to the navel; a treatment much in vogue among the ignorant nurses of this city. Poor diet, bad ventilation, and inattention to cleanliness increase the tendency to tetanus.

Diagnosis. The only affections for which tetanus is likely to be mistaken, are hysteria and strychnia poisoning. Hysteria sometimes simulates it, but may be distinguished by the fact that it is not attended by any real distress, its transient duration, etc. In strychnia poisoning the contractions manifest themselves first in the lower limbs and proceed upwards; in tetanus trismus is an early symptom, and the contractions proceed downward. The absence of epigastric pain, the rapidity of the symptoms and the short duration, all serve to distinguish the toxic from the natural tetanus.

Prognosis. The longer the time that has elapsed between the reception of the cause and the development of tetanus, the greater the probability of recovery. The duration of the disease is also an important item in the prognosis, as cases that last over a week generally recover, although death may take place after the lapse of several weeks. When recovery takes place it is usually about the fourth week of the disease. Mr. Poland (Holmes' Surg.) says, "in the idiopathic variety, where it does not assume an acute and rapid form, the prognosis is, for the most part, favorable, and we may always hope for a chance of recovery. In subacute cases of the traumatic variety, recovery does most generally take place. In acute traumatic cases the prognosis is most unfavorable, and there is scarcely a well-authenticated instance of recovery on record." Notwithstanding these facts, tetanus is one of the most fatal diseases. Dr. O'Beirne mentions two hundred cases without a single recovery. (Dublin Hospital, Rep. Vol. III). To quote Mr. Poland, "Taking all forms together, in a fair average number of cases, the proportion seems to be seven and one-half deaths to one recovery." Arloing and Tripier conclude "that the thermometer furnishes a very exact guide to the termination of the case. Whilst the rectal temperature remains low (under 100.4°) the prognosis is favorable; and it is to be inferred that there is no structural change in the nerve centres. But when a higher degree is reached (above 102.2°) the prognosis is unfavorable, and there is ground to fear alteration in the substance of nervous centres."

Pathology. The pathology is still involved in great obscurity. Rokitansky has found, in chronic cases, a proliferation of connective tissue in the spinal cord. Wedl discovered increased redness of a portion of the cord. Curling asserts that serous effusion, with increased vascularity, is generally observed in the spinal membranes, and also a turgid state of the blood vessels above the origin of the spinal nerves. Lockhart Clarke regards the constant lesion as consisting of a granular degeneration of the cells of the cord. Arloing and Tripier have many times ascertained the existence of a very marked hyperæmia and of evident nuclear proliferation, and they, as well as Verneuil, contend that the exalted temperature is not due to increased muscular action, but depends solely upon excitation of the spinal cord. Bouchard has verified these results in two instances where the disease ran an acute course. On the other hand the observations of Billroth and other pathologists have thus far given negative results. Whilst there seems to be no doubt that the disorder is dependent upon some spinal lesion, probably of the gray matter, yet the present state of pathology does not warrant any very positive conclusion as to the precise nature of the morbid process. Some authors contend that tetanus, like hydrophobia, is due to blood poisoning. That there is an exalted excitability of the cranial and spinal motor centres (the exciting cause being centric or eccentric) there is no doubt. It may be regarded as an exaltation of the polarity of the cord and medulla; or it may be identical with irritation or inflammation of them.

Treatment. Probably the treatment of no disease involves more uncertainty and contradictory results than this. There is scarcely a sedative or nervous stimulant in the pharmacopœia which has not either been employed or recommended in tetanus. Ether, chloroform, aconite, belladonna, cannabis indica, conium, opium, tobacco, calabar bean, curari, ice, alcohol, counter-irritants, and many other substances, and cases have been reported which have apparently recovered under their administration. Of the surgical means, excision of the injured nerves, and amputation of the limb have been recommended. Lately the bromide of potassa and hydrate of chloral seem to have many advocates. The following analysis by Dr. D. W. Yandell, of the report of Dr. R. O. Cowling on tetanus, may be of some interest as showing the per cent. of success of some of the many plans of treatment:—

Treatment.	*No. of Cases.*	*p. c. Recovery.*	*Chronic—Acute.*	*Chronic—Died.*
Calabar bean,	39	39	1	10
Cannabis, Indica,	25	64	3	..
Chloroform,	35	70	9	3
Ether,	15	60	5	1
Opium,	165	57	22	26
Tobacco,	41	50	6	4
Quinine,	15	73	1	3
Aconite,	14	8	0	1
Stimulants,	33	80	4	6
Mercury,	75	57	0	17
Bleeding,	58	55	9	7
Cold affusion,	11	73	3	2
Ice bags,	9	77	1	..
Amputation,	17	60	4	3
Division of nerves	3	75	1	1
Purgatives,	74	66	13	10
Turpentine,	16	70	6	5

According to this report, Dr. Yandell concludes that cases which occur nine days after injury usually recover; that where the symptoms last fourteen days, recovery is the rule and death the exception, apparently independent of the treatment, and that chloroform, up to the present, has yielded the largest per cent. of cures in acute tetanus. As it is evident that we have increased activity in the motor centres, manifesting

itself externally in abnormal muscular contractions, antagonism of this condition naturally suggests itself as the most feasible therapeutic indication. Accordingly, agents that are supposed to reduce the susceptibility of the reflex-motor centres are most commonly selected. Considerations of this kind suggested to Dr. Harley the probable advantage that might be derived from conia. Its action, according to the observations of Harley, Dyce-Brown and Davidson, is directed to the motor centres; first to the cranial motor centres, producing disturbance of vision (a result of imperfect accommodation from the depression of the function of the ciliary branches of the third pair), heaviness, falling or actual ptosis of the lids. We then have a state of complete relaxation of the whole muscular system supplied by the cranial and spinal nerves, successively in the descending series, from above downwards. Besides the apparent antagonism between conia and tetanus, the following observations would seem to recommend it in the treatment. 1st. It is not a depresser of muscular vigor, but a sedative to action. 2d. It is devoid of influence on the stomach and bowels, consequently it does not interfere with the process of nutrition, which is so essential to recovery. 3d. It has no effect on the cerebrum, yet by relieving muscular spasm it exercises an indirect tranquillizing effect, thereby causing sleep. 4th. It does not possess any local irritant properties. This observation is fully corroborated by clinical experience. The hyperæmic use of conia has fully met expectations up to the present time, yet time alone is the best test of the value of any treatment for this disease.

Hydrate of chloral, which in the last year or so has grown to be quite fashionable in the treatment of more diseases than one, has many advocates. Dr. Liebreich, after making a comparison between the symptoms of strychnine poisoning and tetanus, concludes that it would be a sovereign remedy for the latter. Verneuil, of Paris, in commenting on a series of cases treated by chloral, called attention to an important fact shown by them, which is that chloral has undoubted power in arresting contractions of the exterior muscles, but unfortunately, fails to arrest those of the respiratory, which it is most important should be restored to their normal condition, and it is to this circumstance that the failure of chloral seems to be due. This deficiency, he thinks, can be met by the continuous electric current, which has the positive power of arresting the spasm of the respiratory muscles, thus preventing asphyxia. Calabar bean, according to Dr. Frazer, "acts on the spinal cord by destroying its power of conducting impressions, muscular paralysis results, gradually extending to the respiratory apparatus, producing death by asphyxia; or rapid paralysis of the heart, causing death by syncope. It also causes paralysis of muscular fibres, striped and unstriped." The knowledge obtained by these investigations led to the employment of the bean in tetanus, and a considerable number of cases have been treated with it. Dr. Greenleaf, U. S. A., reports a total of nineteen cases treated with it, twelve of which recovered and seven died (varieties not stated). Dr. Cowling's collection of thirty-nine cases gives thirty-nine per cent. of recovery, of which one was of the acute traumatic form, with ten deaths from chronic tetanus. This drug has scarcely met expectations in tetanus, and in some cases has been even suspected of doing harm rather than good, and increasing the patient's danger by its paralyzing action. Dr. Ogle, Bauer and others, state that it produces a cramp-like condition in organs that are supplied with involuntary muscles.

It may not be without interest to mention the Chinese treatment. "This mode of treatment has been seen, by English physicians in China and India, to be successful. The patient smokes a mixture of from twenty to twenty-five centigrammes of crude opium and tea or rose leaves, which are worked up with a little molasses. When smoking he must inspire as deeply as possible, and continue the operation until the narcotic effect is noticed. This continues then, as a rule, three or four hours. The smoking is repeated as soon as the tetanic symptoms reappear. In the meantime as much nourishment as possible is given. (MEDICAL AND SURGICAL REPORTER, 1872).

Dr. J. N. Monmonier. The statistics of the Calcutta Hospital give the following results:—

CURED.		RELIEVED.		DIED.	
Traum.	*Idiop.*	*Traum.*	*Idiop.*	*Traum.*	*Idiop.*
14	20	5	8	24	10
	34		13		34

Of the forty-three cases of traumatic tetanus, thirty-eight per cent. recovered; of the thirty eight idiopathic cases, sixty per cent. recovered. The whole number were treated with aloes and Indian hemp, as recommended by Dr. J. Jackson. (Indian Annals, Oct., 1853.) The cases occurred between 1865 and 1869. Toward the latter part of 1870 ten consecutive cases were treated in this hospital with hydrate of chloral, without any other medication. The quantity given was from forty to one hundred grains per diem, according to the severity of the symptoms and the age of the patient. It is rather doubtful whether the drug had any specific influence over the spasms; it put the patient in a deep sleep, and only for a time held them in abeyance. It seems that the hydrate, by keeping back the tetanic energy, rendered it more concentrated, for after the deep slumber the spasms returned with great violence and death speedily followed. It may generally be taken as unjustifiable to trust to the chloral alone in the treatment of severe cases. Simply as a hypnotic it is invaluable. As to Calabar bean, it possesses an influence infinitely short of being a specific, but, nevertheless, it exerts a salutary influence over some cases. There are some cases of pyrexia, accompanied with exposure to extreme heat under a tropical sun,

sudden dizziness, violent throbbing pain in the head, increase of temperature of the body to 150°, where the bean seems to exert a beneficial influence. Its great advantage over drugs of this class in these cases is doubtless due to its action being principally upon the vaso-motor (probably the inhibitory) nerves, and only feebly, if at all, upon the cerebrum. As it is a very dangerous remedy, great discrimination should be used in its employment. We can only be guided by its effects on the system. Just as soon as vomiting, diarrhœa, a small and rapid pulse and clammy perspiration are induced, its use should be at once discontinued. In those cases where the nerves of the spinal cord are principally implicated as the source of the tetanic spasm, the bean doubtless is useful, but if the muscles of deglutition and respiration, as well as the diaphragm, are implicated, it is thought by some, among the number Dr. Macnamara, of India, who has seen many cases, that it should not be administered. In fact, in such cases as the latter, where the medulla oblongata is evidently involved, it is not only useless, but is positively asserted to be injurious.

In India, where tetanus is of very frequent occurrence, of an idiopathic rather than a traumatic nature, the prognosis is guided mainly by the temperature of the body. So long as it keeps below 100°F., the case is generally favorable. The patients of this class are treated mostly with milk, arrow-root and wine, together with a dose of chloral hydrate (grs. xl) at bedtime. On the other hand, should the temperature (especially in the morning) rise to 101° there is great danger, and should there be a sudden elevation from 99° or 100° to 102° the danger is imminent, and few cases recover after it has risen to 103°. In these latter cases, where the temperature keeps under 103°, and the muscles supplied by the spinal nerves are principally implicated, some hope of success may be entertained from the use of calabar bean together with chloral at night. If the muscles affected are directly under the influence of the medulla, and the temperature reaches 103° and upwards, sleep can be induced by the chloral, but no hope exists of recovery from the tetanized condition by the use of any drug. A peculiar feature of the disease is that after death the temperature rises rapidly to 107°.

Dr. Arnold. The great variety of drugs used, and the statistics in regard to the success of the many plans of treatment, prove that we have really no remedy for tetanus; but when we get a case we ring the changes until the patient dies or gets well. The wounds, burns, and other injuries which are credited with producing the disease, seem to me to be but the exciting causes in persons predisposed to disease of the nervous centres. In some there seems to be a strong tendency, and the disease is brought on quickly by a slight injury, while in others it takes a considerable time to set up tetanus, and it may be this latter class that can be aided by proper treatment. I remember seeing a fatal case produced by abortion, and Rosenthal mentions an instance in which it was brought on by the resolution of pneumonia. The morbid changes pointed out by pathologists may be the results rather than the cause of the spasms, and as there are no constant lesions, and hardly any two observers agree in regard to the appearance of the cord, I think we are justified in becoming somewhat skeptical. Fright and terror will take away all tonicity, but soon the normal condition will be restored, and we cannot suppose that any anatomical lesion was produced. There may be some dynamic change, and I can only compare it to the telegraph wire. We know that the electricity produces some change in the dynamic condition, but the strictest scrutiny cannot discover it. The obscurity of this subject should not surprise us, for our simplest thoughts and emotions cannot be explained. A traumatic case, under my care, was completely subdued by large doses of alcoholic stimulants. Most of the cases seen by me have been those of trismus nascentium. The disease usually appears the 5th or 6th day after birth, and is usually attributed to the dressing of the cord, but I have seen cases in which there was no bad condition of the cord. Bad ventilation may have some influence in its production. I have treated a large number of cases, and do not think I ever saved one.

Dr. Wilkins. Dr. Arnold is too positive in his assertion that it has no morbid anatomy. In all cases of this kind physicians do not improve their opportunities by post-mortem examination. The cases of trismus I have seen resulted from the peculiar dressing. In some cases of traumatic tetanus I have seen good results from conia, gtt. ¼, increased to gtt. ij, every hour, gradually lengthening the time as its effects are produced. The increase of the proportion of urea seems to me to be important.

Dr. Arnold. It is no easy matter to open the spinal column, and the difficulties cannot be appreciated by any one who has not tried it. And when we have opened it, what do we find? Not the regular products of inflammation, but changes of shade in color, and microscopic granules, concerning which skilled microscopists and pathologists dispute. The increase of urea can hardly be anything else than the result of the strong muscular work; it is the wear and tear, and offal.

Dr. Irons. One case of trismus that I attended was produced by placing the child in very hot water. I gave potass. brom., gr. j, every 3 hours, increasing or diminishing the time as required. The case recovered.

Dr. Lynch. I would ask Dr. Arnold how long after the use of alcohol before a favorable result was noticed in his case?

Dr. Arnold. The effect of the alcohol was to lengthen the intervals between the spasms, so that the patient got some sleep. The case lasted some weeks. I saw a stevedore who was brought home in tetanic spasms. He

died in thirty minutes after I saw him, I think from suffocation. He had received no injury, and the disease seems to have been produced by hard work and excessive heat.

Dr. Troutman. I attended a child, five years old, with tetanus. I ordered Calabar bean, gr. ij to the ʒ. By some mistake the family gave the whole at one dose. The spasms were arrested and the child slept half a day. The spasms then increased in violence, but a repetition of the bean had no effect, and death ensued.

Editorial Department.

Periscope.

Laryngeal Phthisis.

Dr. Prosser James read a paper on this topic before the British Medical Association. His object was, by specimens and colored drawings, to correct some prevailing errors respecting this disease, and to show that it is not necessarily so rapidly fatal as commonly asserted. Cases in which the larynx is not affected until after considerable progress has been made in the disease in the lungs are very unfavorable. The author admitted the existence of primary laryngeal phthisis, occurring when the lungs were not perceptibly affected. He had met with such cases. Extreme anæmia of the laryngeal membrane had in many cases been found to precede consumption. It was not, of course, an infallible sign, but it was not to be neglected. A more important symptom was the existence of polypoid excrescence at the posterior commissure, which might resemble closely those seen in syphilis. Such growths might be simple; but in many cases of consumption this was the first symptom, and it was of graver import if there was any cachexia. Inflammation of the arytenoids was common, especially in secondary phthisis. The same condition might occur in catarrh. Hence some caution was to be observed respecting it. Swelling and thickening of the epiglottis was sometimes the most prominent symptom. Local swellings and thickenings of other parts were equally common through a large part of the progress of laryngeal phthisis. The false cords were particularly prone to take on diseased action. These swellings were to be distinguished from those of simple inflammation. The parts lost their transparency, and were the seat of deposit of a greyish or yellow matter. Ulceration was the next stage. In tubercular swellings or excrescences, erosion soon appeared, generally about the little yellow points that were seen. The true vocal cords were also liable to ulceration. Perichondritis with necrosis might occur. Among general symptoms cough and expectoration were slight or absent in pure laryngeal phthisis, but dyspnœa and dysphagia were almost always present. Most authors declared that laryngeal phthisis was necessarily and rapidly fatal. The author of the paper asserts that this form of consumption might be arrested; and most of the drawings were intended to prove this. The most fatal cases were those in which the laryngeal disease was secondary to pulmonary consumption. The later it appeared in these cases, the more rapid was its course. Among the cases arrested, was one in which the lungs were also affected. The patient was a singer, and when first brought under the author's care had softening at the apex of one lung. On laryngoscopic examination, the epiglottis was seen to be thickened and its edge serrated by ulceration. The arytenoids were swollen. There was an ulcer on the left vocal cord. After several weeks of treatment the disease was completely arrested, and the patient resumed public singing. Each case must be treated according to circumstances. Excessive topical interference was most dangerous. Inhalations and the use of atomized fluids or sprays were the safest and best applications.

The Prevention of Loss of Blood.

The *Medical Times and Gazette* recommends the following plan to diminish the loss of blood in operations:—

An elastic bandage, about two inches and a half in width and from five to ten yards long, is firmly bound round the limb, commencing at the toes or fingers, as the case may be, and is then continued upwards so as to drive the blood before it out of the veins and arteries. When the desired point has been reached, a strong india-rubber band, about half an inch in diameter, is tightly drawn two or three times round the limb, just above the elastic bandage, and fastened by hooks. The bandage is then removed, leaving the tissues blanched and exsanguined. Not a particle of blood is lost during the operation, which is really more bloodless than when performed on the dead subject. After the operation is completed the rubber rope is removed, and the blood then finds its way into the vessels, which are ligatured or twisted according to the taste or inclination of the surgeon. On this plan, which has been carried out at St.

Thomas', Guy's, London, and St. Bartholomew's Hospitals, many operations have now been performed, including excision of the knee and elbow joints, amputations, and the removal of dead bone; and Mr. Wagstaffe has recently amputated through the thigh for gangrene of the foot on this plan, the precaution having been taken to commence the application of the elastic bandage several inches above the mortified part. No ill effects of any kind have hitherto been observed from the use of this contrivance. Although the duration of the operations has varied from a few minutes up to half an hour, and even more, during the whole of which time the circulation has been completely arrested, no evidence has been afforded of the formation of emboli or thrombi in any of the cases. But it is one of the possible evils of the device that the prolonged pressure on the vessels and complete stoppage of circulation may, under certain conditions, lead to the formation of a clot, which, on the re-establishment of circulation, may be carried along the vessels, and arrested in some part of their course, giving rise to circumscribed inflammations or even gangrene. There is also considerable danger in applying the bandage over parts which are inflamed and suppurating, especially if decomposition be going on, lest some of the clots which are found in the blood vessels of the affected parts be detached and forced into the blood-current. For such cases it would be well to employ in addition a modification of the plan which has been practiced at Edinburgh for the last two or three years, and which consists in suspending the limb for some minutes before the operation, so that the blood may gravitate downwards. Then the bandage may be applied at the proximal side of the diseased part, thus avoiding all risks of septic poisoning or of embolism.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The following interesting foreign medical works are announced:—

Hamdy, A., Etude clinique et physiologique sur la propylamine et la triméthylamine. *Paris*, 1873. 4to, 116 pp.

Marchand, E. Etude historique et nosologique sur quelques épidémies et endémies du moyen-âge. *Paris*, 1873. 111 pp.

Pein, Th. Essai sur l'hygiène des champs de bataille. *Paris*, 1873.

Politzer, A. Zehn Wandtafeln zur Anatomie des Gehörorgans. Zum Gebrauche für Vorlesungen und zum Studium der Anatomie des Ohres. Nach den Originalien des Autors in Lithographie ausgeführt von G. Schlesinger. *Wien*, 1873. *Braumuller*. Fol.

Simon, Osc. Die Localisation der Hautkrankheiten histologisch und klinisch bearbeitet. *Berlin*, 1873.

——The field of Medical periodical literature is so vast that annual or semi-annual abstracts, like our Half Yearly Compendium of Medical Science, are becoming more and more popular. One has recently appeared in Italy, entitled, "Annuario delle Scienze Mediche Riassunto delle piu Importanti Pubblicazioni delle Anno. Per i Dottori P. Schivardi e G. Pini." This is a year-book of the most important observations in Medical Science, made during 1872. It contains 460 pages duodecimo. There are also short reviews of the more important medical publications in most European languages. At the end there is a medical history of 1872; a list of prizes offered for treatises in different departments in science and medicine; and short notices of distinguished medical men who have died during the year; the whole finished by a good index of the observations made, and the authors cited in the volume.

——Dr. Ruddock has just brought out the second edition of a neat little volume, "On Consumption and Tuberculosis of the Lungs," a work intended rather for the general public than for the profession.

BOOK NOTICES.

A Practical Treatise on the Diseases of the Ear, including the Anatomy of the Organ. By D. B. St. John Roosa, A. M. M. D. 110 Illustrations. 8vo, 500 pp. W. Wood & Co., New York. Price $5.00.

Continued from No. 873.

Part 2d, Chapter 9th. Anatomy of the Middle Ear, in which is included the membrana tympani. The anatomical description of the membrana tympani, and the illustrations, are from the works of Rüdinger, followed by observations on the Rivinian Foramen, the color of the membrana, and light spot, from Politzer, and of the layers of the membrana tympani, from Henle, whose work was published in 1866; then follows several wood cuts from photographs by Rüdinger, but very much inferior in sharpness. p. 191, Structure of membrana tympani; no mention is made of the *menis-*

cus? After careful study of the articulation of the ossicula, Rüdinger reasserts (1873)* what he has already published, (Virchow's Archiv, 1860). Both in the articulation between the malleus and incus, the incus and processes lenticularis and stapes, a freely movable meniscus of cartilage is found, thus making a point of two chambers as found at the clavicle; this moon-shaped cartilage has been seen by the writer of this article, under the admirable microscope of Dr. Hunt, of Philadelphia. The mastoid process, cells and blood vessels, are described in three pages, from the works of Kessel and Gruber; indeed, this latter author is quoted twenty-eight times. We have the Eustachian tube well described and illustrated, from the works of Rüdinger, Henle, and the translation in Stricker's Handbook, which latter is freely put under contribution; not one word concerning the original observation of Dr. T. F. Rumbold, of St. Louis.

Chapter 10*th*. Injuries of Membrana Tympani. In this chapter our author gives an account of Gruber's experiments on the cadaver, which show the resisting power of the membrana tympani; also Dr. Andrew H. Smith's cases of rupture of the membrana by compressed air, in men working in caisson in bridge building; the same results as those arising in the diving bell; also the cases reported by Dr. John Green, of St. Louis; Dr. Magnus has proved that the injury to the ear by condensed air was caused in all such cases by pressure upon the membrana tympani, and when the auditory canal was plugged no unpleasant sensation was felt; p. 228; then follows fracture of the handle of the malleus, cases of, Hyrtle and Dr. Weir, of New York.

Chapter 11*th*. Acute catarrhal inflammation of the middle ear, with twelve divisions. The only original fact in this chapter, discovered by the author, was that the use of the nasal douche for the treatment of nasopharyngeal catarrh may also produce acute inflammation of the middle ear, but we have employed it ourselves, and with open Eustachian tubes, yet in no instance has it ever produced but temporary inconvenience; it all depends upon the care.

Chapter 12*th* is devoted to chronic non-suppurative inflammation of the middle ear. We have read this carefully in the New York *Medical Journal*, and in the present work; but we do not find a new idea, except the word "proliferous," and no new ideas of treatment except those given in the works of Gruber, Hinton and others. It is true he gives an account of Dr. Weber's division of the tensor tympani, "the new operation in aural surgery which promises to fill a large, and indeed one of the most important gaps in our (aural) medical resources;" yet no results are given of his own operations, either from hospital or private practice. The author's experience in perforation of the membrana tympani has been chiefly in the manner of Schwartze and Hinton, that is to say, "I made simple paracentesis or openings, into the membrane, and followed them up by treatment of the diseased membrane of the middle ear." p. 343.

In *Chapter* 15*th* is given a full account of acute suppuration of the middle ear; it is stated that the results of treatment of this disease are very satisfactory; of thirty-two cases reported, fifteen were cured; *i.e.* the membrana tympani was healed, and the hearing powers fully restored, as tested by the watch and conversation. p. 357. This is much better results than we have ever known to follow any treatment. The author's treatment: "The astringent that I usually use in acute suppuration is sulphate of zinc, which is poured into the ear once or twice a day after syringing. The solution (strength not given) should be previously warmed. Should the suppuration continue unduly, the nitrate of silver may be applied in solution, say from forty to eighty grains to the ounce. This solution is brushed over the drumhead and the edge of the perforation." This is the strength of Schwartze's solutions, and is frequently followed by most severe and distressing symptoms, even when a warm solution of chloride of sodium is employed to neutralize it, in so far as our experience goes. There are five cases reported; the last one is most *remarkable;* the forty-grain solution was brushed over the canal and the perforated membrana tympani. At the Doctor's next visit, "the morning after this application was made, the discharge (of pus) had completely ceased, and the membrana tympani had healed." p. 362. If this should happen often it would indeed be remarkable.

Chapter 16*th*, is devoted to the subject of

* Report on Otology, By J. Orne Green, from Rüdinger Beiträge, "Zur Hiltologie des Mittleren Ohres, München," January, 1873. *Boston Medical and Surgical Journal.*

"chronic suppuration of the middle ear." Concerning this form of disease, our author remarks, "even with the most careful and skillful treatment, we cannot always succeed." p. 371. He still, however, resorts to the same agents. The sulphate of zinc, from one to four grains; nitrate of silver, forty grains to the ounce of water. A short article is given upon the artificial membrana tympani of Toynbee. Our author is not so sanguine concerning this subject as he was a few years ago, and experience will prove that this means of improving the hearing is of little permanent utility, and Yearsley's cotton, which is much more preferable, is much less resorted to at the present day, even in England. In another chapter the author promulgates a friend's formula, founded upon the friend's experience in *one* case, but in the present chapter he devotes a paragraph to that author friend; *believes* galvanic cures of inflammatory ear diseases are still a matter of verbal communication.

The consequences of chronic suppuration of the ear are treated in chapter 17th. On p. 237 of this volume these consequences are tabulated. It is now proposed, at p. 387, to enter into a discussion of their nature and treatment, and first, of aural Polypi, which should be Polypus. In an article published in 1864, our author attempted to show on clinical ground, that aural polypi were analogous in structure to exuberant granulations; this is a very old idea, and not worthy of the times we live in, even if so distinguished a surgeon as "Billroth" propounded the idea in 1855. In structure, aural polypi are fibro-cellular, and the illustrations given in Dr. Roosa's work have none of these true structures; they are simply the surface of polypi with the epithelium and round cells. "Polypus of the ear, by Clark," or still better shown on figures 15, 16, and 17, p. 150, 151, and 152. "Diseases and injuries of the ear, by Dalby." Microscopic appearances are described as perfectly formed fibrous tissue, constituting the chief portion of the centre of the polypus; these last appearances are represented in the sketch by S. Whipman, and agree with our observations. Then we have Mastoid disease, Periostitis and its treatment, with five illustrative cases, but nothing new; Caries and suppuration, with an incomplete historical sketch. In a table are 40 cases of cerebral abscess, which are not particularly valuable, as most of them lack the link connecting the intercranial with the aural disease, but that is not the fault of the *original* reporter in every case.

p. 167. Tinnitus aurium. The remarks on tinnitus aurium, scattered here and there in the volume, in connection with the affections in which this symptom occurs, are meagre and unsatisfactory, and could all be comprised in one page.

Chapter 18*th* gives a short account of the anatomy of the internal ear, compiled chiefly from "Boettcher, Gottstein, Gruber, Henle, Hyrtle," and from Waldeyer, the latter from Stricker's Handbook, New York, 1871.

Chapter 19*th*. "Diseases of the internal ear." From the analysis of a large number of cases of cerebral disease. Dr. Hughlings Jackson expresses the opinion that deafness never results in any way, from any kind of disease in any part of either cerebral hemisphere. In relation to disease of the labyrinth, Dr. Roosa ignores the valuable observations and analyses since the time of the late Dr. P. Méniére, and touches the subject too slightly for a practical treatise.

p. 487. "Nervous deafness. Unfortunately, although we have had an epidemic of cerebro-spinal meningitis in New York, I have as yet had no opportunities of studying this disease, except from its clinical history, when the victims were brought to me deaf or blind." Not very competent, then, to give an opinion. In regard to electro-diagnosis there is a good deal of literature which the author's friend might or should have weighed, and the subject deserves at least a clear exposition; here, also, the author does not figure as an originator, or experimenter.

Part 4. Deaf Muteism and hearing trumpets; is comprised in eight pages. The chromo-lithographs, No. 8, concludes the volume; they are much inferior to those of Politzer, and have such a strong resemblance to a shell, colored not from nature, but by art, that we fear they will be of little use as guides in diagnosis.

The publishers have done their work well, and have produced a very handsome book; good paper and clear type; of its literary character it is unequal, most of it reading like a translation; and after a careful analysis we find but little that is absolutely new, or had not been published before; we therefore make the inquiry why such a book was published at this time?

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOV. 29, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

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AN OBSCURE PHENOMENON IN PSYCHOLOGY.

A few months ago a writer in this journal gave us a collection of facts illustrating the existence of what he called, a "mental atmosphere." (See MEDICAL AND SURGICAL REPORTER, Vol. xxix, p. 98). Such facts are of much more psychological importance than they are usually deemed. Indeed, most scientific writers fear to speak of them, lest censure for too great credulity be their reward.

This was long the case with Mesmerism, until it was investigated by Dr. CARPENTER, and then it proved a valuable means of furthering the study of mental phenomena, and led to the discovery, or at least the correct understanding of the automatic cerebral action. This interesting function of the mind is closely connected with those more recondite powers by which the brain, or rather the action of the brain, its rhythmical workings, become in some yet unknown manner in accord with workings of other brains, so as to lead to the rise of the same idea in two minds. If, with FECHNER, (still the best authority on all psycho-physical questions) we regard thought-action as the manifestation of a series of vibrations subject to mathematical laws akin to those which govern the senses of sight and hearing, then the explanation which suggests itself in these instances of persons *en rapport*, or *clairvoyant*, is that the thought vibrations are detected by the consciousness as isochronous with those in another mind, somewhat as a musical ear will detect concord between the pitch of two sounds, when ordinary persons cannot.

But we care less just now to substantiate this theory, than to illustrate the facts for which we are seeking explanations. Two remarkable and well attested instances have been laid before the profession in the last few months, in the pages of the *Chicago Medical Journal*, in the numbers for June and September.

The first is related by Dr. GEORGE W. KITTELL, of Shabbona, Ill. A young lady cut her hand severely with a pane of glass, imbedding a number of small fragments in the wound. It was not attended to properly at first, and in a few months "the pieces of glass actually removed, from the crown of her head to the soles of her feet, were numbered by thousands." This looks very much like one of those aggravated cases of hysterical dementia which, in their love of self-inflicted suffering, have always been the puzzle of the wise and the wonder of the vulgar. In this wretched condition she survived from 1865 to December 1872, when death from exhaustion supervened.

The part of Dr. KITTELL'S description we wish to call attention to is the following:—

"One curious phase in her history should be noticed. I refer to clairvoyance.

"In this case it was not produced by mesmerism, but by chloroform, and she became more and more susceptible to its influence. In the later stages of the case this state came on occasionally from over excitement.

"Before the accident which introduced the case she was given chloroform for the purpose of having a tooth extracted. The doctor who administered it had not always kept that moral rectitude, in some particu-

lars, which becometh a physician. Shortly after the inhalation commenced she began to upbraid him for his conduct. The doctor was frightened, and accused a man, the only one beside himself who knew the circumstance, of telling. The man protested that he was innocent, for he really was. When Miss Low returned to consciousness she knew nothing of what she had said, or of the occurrence she had related.

"My first knowledge of this effect of chloroform on her came in this way: After removing some glass one day, and while she was still under the influence of the anæsthetic, I was called out for a private interview. The weather being pleasant, we stepped into the orchard and sat down under a tree. When I returned she remarked, 'you thought yourselves very cute when you went into the orchard to talk; but I heard it all.' I then asked her to tell what she heard, and she related our conversation correctly. She had not left the bed in my absence, and could not see the orchard, as it was on the other side of the house, neither had she been told that I left the house. In fact, she was apparently unconscious the whole time, and when she had fully recovered from the influence of the chloroform she knew nothing of what had been done or said. I had known her to say strange things while anæsthetized, but till now had not understood it.

"Sometimes, after having taken chloroform, she would rise in her sleep and go miles, in her night clothes, to find articles that had been lost. She never had any knowledge of these nocturnal expeditions in her waking state, except the proof afforded by the presence of missing articles, and the condition of the bed in the morning.

"Her clairvoyant state was another existence to her. When in this state she would tell anything that had transpired at other times, while in the same condition. I have given her chloroform in order to enable her to find lost articles, which she could always do. Some little thefts, and sometimes bigger ones, were made known in the same way.

"When very sick she was often delirious, sometimes for hours, which led many people to suppose she was insane, and some said she was possessed of the devil. It was from this fact that the horse thieves escaped punishment; many would take oath in court against her sanity. She was the principal witness, and popular prejudice, backed by some physicians, for no laudable purpose, carried the day.

"To relate all that she said and did, while clairvoyant, would make a long and interesting chapter. The most interesting occurrences of this kind must be omitted because of their length. If any doubt is entertained as to the truth of these statements, any further proof desired will be gladly furnished by the author."

An example, not dissimilar in kind, but furnished by a young man in perfect health, is given in the number for September, by Dr. HENRY M. LYMAN, Professor of Chemistry in Rush Medical College, Chicago. The person was Mr. Brown, known as the "Mind Reader," twenty-one years of age, sound in body and mind. He exhibited his peculiar power by finding, blindfolded, any object which Dr. LYMAN secreted in an adjoining room. To do this, he was obliged to be in physical contact with the person who had secreted it. He did not pass into a condition of trance, but claimed to be guided by a sort of subjective appearance of light. His power varied with the temperature and with his own feelings. It depended also on a distinct knowledge of the whereabouts of the article, on the part of the person who conducted him.

Though neither of these examples present novel features, they are valuable because carefully established by competent observers. The deductions from them clearly include the position that the function of cerebration can be stimulated and directed by other means than those ordinarily considered exhaustive. The thought-vibrations are not bounded by the superficies of the body, nor by the peripheral extremities of the nerves, but are continued beyond in space, doubtless under some law of decreasing intensity, until, perhaps, they are metamorphosed into some other form of motion, or else become extinguished.

Certain brains, usually but not always in abnormal conditions, are impressed by these vibrations with sufficient force to cause the

cerebral action to rise to the level of conscious thought, and hence this singular power of "reading the thoughts of others." The physiological laws which are here involved are those especially which explain the phenomenon of consciousness; and as these are of very extended bearing in other branches of psychology, we shall defer entering upon them until some future occasion.

Correspondence.

Capillary Bronchitis.

EDS. MED. AND SURG. REPORTER:—

There is an article in the REPORTER of September 6, by H. R. Noel, M.D., which I have read with much interest. I have had some cases of capillary bronchitis which I treated in the manner recommended by Dr. Noel. All the patients in whom there was much prostration died. There was such a copious secretion of mucus the little patients were unable to expectorate it and they died from suffocation. After losing two or three cases in this manner, I had another, a child about six months old. I treated him as I had the others, and expected that he must die. After a while the emetics failed to nauseate him, his lungs were filling up fast, and he was very much prostrated. To produce emesis I placed some cayenne pepper in a spoon and added a little water and gave it to him. As soon as he swallowed it he vomited freely, and was perfectly relieved. It was evident that the relief was only temporary, that the lungs would fill up again. Fearing that I should not be able to produce vomiting again, and believing that the difficulty arose from torpidity, and that that arose from prostration, I determined to give quinine. I gave him an eighth of a grain in solution, hoping that this would arouse the sensibility so that the expectorants would act more efficiently, and strengthen the patient so that he would be better able to bear the operation of the medicine. I waited four hours, during which time the lungs remained free from mucus, and had breathed naturally. I then gave another dose of quinine, and directed him to have an eighth of a grain once in four hours, leaving also an expectorant to be given if necessary. The next day he was better and had not needed the expectorant. I continued the quinine and the child soon recovered.

After taking the pepper to cause him to vomit he took nothing but quinine. Being satisfied that the cure was effected by the quinine, I have used it in all cases where there was danger of suffocation from mucus attended with prostration.

Previous to this time, after the patient had passed the active stage of the disease, I depended upon the decoction of squills, sanguinaria, senega or pepper, or their tinctures, either separate or combined, and brandy, to effect a cure. But in all of these cases there was a copious secretion of mucus, but where I have used the quinine, there has been no need of any expectorant, there being no danger from the mucus.

Wallingford, Vt. G. M. NOBLE, M.D.

News and Miscellany.

Corrigenda.

Current vol., p. 311, line 17, for *large* read *larger*. Page 312, case 3. Mrs. —— experienced dimness of vision after 15 grs. were taken.

Jefferson Medical College.

At a meeting of the Anatomical Class of the Jefferson Medical College, Robert M. Hays being called to the chair, and E. R. Lewis appointed Secretary, the following preamble and resolution were unanimously adopted:—

Whereas, The Anatomical Class of Dr. Wm. H. Pancoast, and the students generally, having heard of the great and irreparable loss which he has just sustained in the death of his beloved wife, who was personally known to many of us, and highly esteemed by all, therefore,

Resolved, That we hereby tender to him the expression of deep sorrow which we feel on this occasion.

We wish also to assure our valued teacher, who has so thoroughly won the friendship and affection of this class, that we sincerely sympathize with him in his bereavement, and offer to him our sincere condolence.

JOHN V. SHOEMAKER, *Chairman*,
A. P. BRUBAKER,
C. E. SAYLES,
ROBT. MCCONAUGHY,
D. RENCH MILLER,
Committee.

Philadelphia, Nov. 14, 1873.

Snakes in India.

Dr. R. Druitt writes from India that in Madras, in 1870–71, the number of human lives said to have been destroyed by beasts of prey and poisonous snakes was 2225, and the number of cattle 5314. The rewards paid for killing tigers, etc., amounted to £2511. Only £2 14s. was spent in rewarding the destruction of snakes. But an official return for the year from April 1, 1872, to March 31, 1873, shows a very different state of things. In March, 1872, seventy-four snakes were destroyed in the whole Presidency, and the reward of two annas, or 3d, for each poisonous snake amounted to 18s. 6d. But month by month the serpenticidal zeal of the population was more and more aroused, till in March, 1873, the number of snakes

destroyed was 425,057, and the rewards not less than £5313 4s. 1½d. Taking the year as a whole, the number of snakes destroyed in the Presidency was more than 1,250,000, and the money paid in rewards was £15,728 16s. 9d., which numbers would have been trebled had every part of the Presidency been equally zealous. The Madras Government seems to have repented of its liberality, and to have thought that even snake-killing might be too dear; therefore, by an order dated May 28, 1873, they have restricted the reward to cobras only, and have fixed it at one anna, or 1½d. per cobra. It was alleged that some of the natives used to breed cobras on purpose to get the rewards; but considering the immense quantity of land which seems not to be cultivatable profitably for human food, and which is covered with prickly pear and other wild plants, there really seems to be no limit to the number of snakes which might be captured. Very few cases of snake-bite in India are seen by European or medical authorities. The poison is too rapid. "We get," adds the London *Medical Record*, from which the above details are taken, "an incidental glimpse occasionally, from indirect sources, of the details. For instance, in the Report of the Society for the Propagation of the Gospel, a poor Christian thus describes the death of his daughter: 'Three weeks after her marriage, in a field in the wilderness, a snake bit her. Her husband dragged her toward home as far as he could. Her legs were cut by the stones, and bleeding. When he could carry her no longer, he laid her near a thicket, and ran for help, but the ants had begun to eat her face before he could return.' It must in candor be said that some authorities consider the accounts of the numbers of men and animals destroyed by snakes very much exaggerated, and affirm that many men and women and others who are murdered, are said to have died from snake-bite. On this point we can offer no opinion. Certain it is that nothing is more rare than to hear of Europeans bitten."

—A new use for patent pills has been discovered. A farmer living in a Kansas village was abruptly visited by robbers, one night not long ago, and having a gun and powder, but no shot, loaded with a box of fever pills, and blazed away. The result was as satisfactory as though the rascals had swallowed the pills. One of them was killed outright, and another dangerously wounded.

—Sir Henry Thompson, the surgeon, makes a larger income than any other member of his profession in England. In his youth Sir Henry was a linen draper, but now, at the age of fifty-three, he is at the head of his profession.

—In Philadelphia there are 127,746 families living in 112,366 houses, with 6.01 persons in each house; and in New York there are 185,780 families living in 64,044 houses, with 14⅔ persons in each house.

—A Parisian journal, which would be witty, relates this incident:—

A doctor lives in the faubourg St. Honoré, over a poulterer's shop. Their signboards, perhaps, do not clash. The first announces the surgeon is "Visible at all hours," and the second, "Killing every day on the premises."

MARRIAGES.

ALLEN—BROOKE.—By Rev. R. T. McMahon, Oct. 16, in the Presbyterian Church, Ellsworth, Mahoning Co., Ohio, Mr. Wm. H. Allen, and Miss Ella E., daughter of Dr. G. W. Brooke.

ASHMEAD—FLEMING.—On the 5th inst., at the residence of the bride's parents, by the Rev. Matthew Newkirk, Dr. Albert S. Ashmead and Florence M., daughter of David Fleming, Esq., all of this city.

AYRES—McLEAN.—In Cincinnati, Oct. 28th, by the Rev. D. H. Moore, Dr. S. C. Ayres and Miss Louise McLean, daughter of S. B. W. McLean.

BOYLAND—MACTAVISH.—At the American Consulate, in Stuttgart, Wurtemberg, Dr. G. Halsted Boyland, of Cincinnati, author of "Six Months Under the Red Cross," and Mrs. Ellen G. Mactavish, daughter of Robert Gilmor, Esq., of Baltimore. The ceremony was solemnized by the Rev. Mr. Newman, of England.

GRUBER—FALL.—Oct. 23d, at the residence of the bride's parents, by the Rev. J. F. Marlay, Milton L. Gruber, Esq., of Chicago, and Miss Lizzie F., daughter of Dr. J. C. Fall, of Xenia, Ohio.

HUNT—CAREY.—By Rev. John M. Barnett, at the residence of Henry White Esq., Uniontown, Pa., Oct. 15th, Mr. A. C. Hunt, of Cleveland, Ohio, and Miss Victorene L., daughter of John Carey, M.D.

MILLS—PEALE.—On the 6th inst., at the residence of the bride's mother, by Rev. J. S. J. McConnell, of Easton, Pa, Charles K. Mills, M.D., and Clara E. Peale, both of this city.

MUNDE—HUGHES.—In Trinity Chapel, Southport, Conn., Nov. 11th, by Rev. E. S. Wells, assisted by Rev. Andrew Walton, Paul Munde, M.D., of New York, and Eleanor Claire, daughter of the late E. B. M. Hughes, of New Haven.

NORMAN—MCCARTY.—At the residence of James McCarty, Xenia, Ohio, Oct. 23, by the Rev. W. R. Parsons, Frank Norman M.D., of Columbus, O., and Miss Etta McCarty.

RENNINGER — RUTHERFORD. — Near Harrisburg, Pa., on Oct. 23d, by the Rev. W. B. Noble, Abraham C. Renninger, M.D., and Sarah A. Rutherford.

WALKER—BOYD.—Oct. 29th, at the First Presbyterian Church, by the Rev. T. W. Drew, Dr. C. W. Walker, of Mecklenburg county, and Mary A. Boyd, of Chase City, Virginia.

DEATHS.

BLACKBURN.—In Brownville, Nebraska, on Oct. 21, 1873, Mrs. Hattie A. Blackburn wife of Mr. W. D. Blackburn, and daughter of Dr. J. and Mrs. F. McPherson.

HOLMES.—On the 12th inst., at the residence of W. S. Whiteley, Esq., Baltimore, Anna Isabella, eldest daughter of Dr. John and the late Mary Anna Margaretta Holmes, of this city.

PANCOAST.—In this city, on the morning of the 13th inst., Gertrude L., wife of Dr. William H. Pancoast.

WHITE.—In New York, Nov. 11th, 1873, Mary Isabelle, second daughter of Dr. Francis V. and Annie H. White, in the 7th year of her age.

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The out below gives the size of the ounce phial, and the form of putting up.

Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine. —J. M. ALDRICH, M. D. *Fall River, Mass.*

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FREY, M. D., *Perry, Iowa.*

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely. —SAMUEL W. COONS, M. D., *Madison, Ala.*

I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail. —J. C. DOWNING, M. D. *Wapping Falls, New York.*

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M. D., *Indianapolis, Ind.*

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS. M. D., *Lincoln, Ill.*

I have used an ounce of Cincho-Quinine in some obstinate cases of intermittent neuralgia and ague, and am happy to state that it has thus far sustained in full the anticipation raised by what you have claimed for it. Dr. S. S. Cutter, of this city, has an extensive general practice, and he informed me a few days ago that the Cincho-Quinine was giving satisfaction.—J. H. BEECH, *Coldwater, Mich.*

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Original Department.

Lecture.

CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Lecturer on Clinical Medicine in the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

On the Diagnosis and Treatment of Diseases of the Aortic Valve.

Gentlemen—The aortic valve, standing as it does at the very door of the circulation, though perhaps not more important than the other valves of the heart, is much more frequently affected by external conditions. It is composed of three leaflets, each being attached at both extremities and along one margin, in such a way as to form a sort of bucket; into these little cavities the blood flows, when it is driven backward by the elastic recoil of the aorta, distending them and forcing their free edges together so as to close the orifice completely. As the leaflets are soft and flexible they are easily folded back against the sides of the vessel by the outward current of blood, and for this reason offer no resistance to it. You are aware that in all elastic tubes the force of recoil is in direct proportion to that of distention; we find, therefore, that the force expended at every contraction of the left ventricle in dilating the aorta is returned again with but little diminution, and aids in the propulsion of the blood, the point of resistance being the aortic valve. Now so long as the blood flows freely, the strain on the valve is moderate, but if there is any obstacle, as increased arterial tension from chronic Bright's disease, this must be greatly augmented. In hammer-men in mines and foundries, in those employed to lift heavy weights, and in fact in any occupation which requires great muscular exertion with the arms, the same facts may be observed; for during the act a long breath is taken, the chest walls are fixed, the diaphragm depressed, and the heart and arch of the aorta filled with blood, which escapes with difficulty, because all the large vessels given off from the arch of the aorta are pressed upon by the contracted muscles, so that a great strain is brought to bear upon the aortic valve in consequence of the violent contractions of the heart, which it is stimulated to make to overcome the resistance. The strain here is so excessive that it is rarely continued long with impunity. The tissues of the valve are irritated by the oft-repeated strain, and a process of sub-acute inflammatory action is set up, which ultimately leads to organic disease. Experience shows, therefore, that out of every hundred cases of aortic valvular disease, seventy-five occur in men, the majority of whom have been in the habit of making powerful exertions with the arms and trunk. If, then, these conditions, kept up day after day, are able to produce lesions of the aortic valves, the question arises whether or no an abrupt effort can cause sufficient strain to rupture a healthy valve. There is no direct proof of this ever having happened, and it is probable that in those cases where it appears to have taken place there was some previous though latent tissue change.

The specimen before you was obtained from a man who met with this accident six years ago, while using violent effort to turn a large windlass. He had been subject to rheumatism, however, for several years before, and had suffered from palpitation, so that there must have been some impairment of structure at the time. The semilunar valve seems to have only two leaflets, but on close examination the larger one is found to be made up of two, and upon turning it back the point of former attachment can be seen. On the side of the aorta, which is universally atheromatous, there is a Y shaped scar, indicating the position of the rupture. In consequence of this there was extreme insufficiency of the valve, allowing very free regurgitation. The heart became enormously enlarged and dilated, and death finally occurred suddenly.

Valvular lesions are of two kinds, first the obstructive, and second the regurgitant. The first class depends either upon the growth of vegetations, or upon the leaflets becoming rigid and contracted in their long diameter, so as to stretch like firm bands across the entrance of the aorta; both forms encroach upon the orifice of the vessel and obstruct the passage of the blood. In the second class the blood is allowed to pass back into the left ventricle at each diastole; it may be caused by rupture, by ulceration, or by contraction of the leaflets in the direction of their base of attachment. These two varieties may exist together or separately; they are distinguished by the different groups of rational and physical symptoms to which they give rise, and will be best illustrated by presenting to you patients in whom different forms of the disease are present.

The first case I show you illustrates clearly all the symptoms of aortic regurgitation, while at the same time it shows that in some cases the disease of the aortic valves comes on acutely in consequence of rheumatic inflammation.

William ——, æt. 22, a sailor, states that all his family were healthy except his mother, who died of heart disease. He was temperate in habits and always enjoyed good health until March 1868, when he had an attack of acute rheumatism, which was repeated one year afterwards. He came into the hospital on April 23d, 1869. At that time he had palpitation of the heart, dyspnœa with occasional hæmoptysis, and very slight œdema of the legs; the physical signs of disease of the aortic valve were also noticed. After admission he gradually improved, and during the past six months has been able to do light work. At present his skin is pale, but there is no indication of marked disturbance of circulation. On examining the heart, decided fulness of the precordia is observed, the impulse is very much increased, extending over the whole cardiac region, from the third to the sixth interspace; to the hand placed on the chest it appears to be jerking and undulatory, and a tremulous motion can be felt over the upper piece of the sternum. The position of the apex beat is two inches outside of the left nipple, in the sixth interspace, that is, it is three inches further out and half an inch lower down than normal.

Percussion dulness begins at the third rib and reaches down to the sixth; horizontally it extends from mid-sternum to one inch and a half outside of the line of the left nipple, its area being five and a half inches in oblique, and the same in transverse diameter, fully twice as great as that of the healthy organ. The third interspace, at the left border of the sternum, is the best place to begin auscultation; and when the stethoscope is applied at this point a double murmur is heard; the first part is systolic and is low, soft and short; the second part is long, loud, rather harsh, and diastolic. This difference in time is determined by placing the finger over the apex of the heart, which strikes the thorax simultaneously with the contraction of the ventricle, and therefore any murmur that is synchronous with the apex beat is systolic. The pulsation of the carotid artery occurs almost at the same time as the ventricular systole, and hence may also be used as the point of reference. A systolic murmur also follows the long period of silence, and is in turn followed by a short pause and the second sound of the heart. A diastolic murmur, on the other hand, comes after the short pause, between the first and second sound, after the apex beat and carotid pulse, and accompanies or replaces the second cardiac sound. The position of greatest intensity and the direction of transmission of a murmur shows at which valve it is produced. In this instance it is loudest at the second interspace, to the right of the sternum, is transmitted upward along the aorta into the carotid and subclavian arteries, and downward over the entire length of the sternum, whereas over the body of

the heart and towards its apex it grows feeble. Such a distribution of sound is typical of lesion of the aortic valve, and as the murmur is double there must be both obstruction and regurgitation. The latter is also indicated by the pulse, which is unsustained, quick and jerking; though these characters are not so evident as in some cases, on account of the obstruction which coexists.

The next patient to whom I will call your attention is William ———, æt. 51, very intemperate for the last eight or ten years; has also had a chancre, followed by buboes, but by no very definite secondary symptoms; his occupation, that of an oyster dredger, was laborious, requiring much excessive exertion with the shoulders and arms. He enjoyed good health, however, until one year ago, when he began to complain of shortness of breath, palpitation, and weakness, and was obliged to give up work. At present his muscles are soft and relaxed, he is pale and has cold extremities, but there is no œdema. There is no bulging of the precordia, the apex beat of the heart is at the upper border of the sixth rib, and about half an inch too far to the left, while its impulse is somewhat diffused and not very strong. The area of cardiac dulness is slightly increased, extending from the left border of the sternum to a point just inside of the line of the left nipple. On auscultation, a distinct, low-pitched, systolic murmur is heard, after which there is a short pause; then comes the second cardiac sound, which is rather booming, and with it a faint murmur. These two murmurs are heard over the aortic area, and grow fainter toward the apex of the heart, where another murmur arises, coincident with the second sound of the heart, and transmitted into the left axilla. The pulse beats 75 times per minute, is irregular, and accompanied by visible movements of the arteries, which feel tortuous and rigid to the finger.

Taking into consideration all the points in this case, a diagnosis may be made of double lesion of the aortic, and roughening of the mitral valve, with moderate dilatation of the left ventricle, and atheroma of the arterial system. It must not be inferred from these two instances that aortic regurgitation and obstruction are always associated, for such is not the fact; when they are found together one lesion usually predominates over the other, although they are sometimes present in an equal degree. Thus, in the patients before you, regurgitation is most prominent in the first, and obstruction in the second.

Disease of the aortic valve occurs most frequently after the age of 35 years, and is, in a majority of cases, due to chronic structural change, or, in some instances, of which the first case is an example, to acute inflammation of a rheumatic nature; the latter usually results in the production of vegetations on the leaflets of the valve.

The first effect of aortic regurgitation is to decrease the amount of blood circulating in the arteries, thus calling for an increased action on the part of the left ventricle, which cannot be long sustained without hypertrophy taking place. As long as this continues to predominate the general health does not suffer severely, but as soon as the tone of the muscular fibre becomes impaired, and marked dilatation becomes associated, the contraction of the ventricle becomes feeble. If the dilatation is great, the mitral valve may become insufficient; the blood then flows back into the left auricle at each ventricular systole, distending it, and at the same time preventing the free return of the blood from the lungs to the heart. As a consequence of this pulmonary obstruction, the blood accumulates in the right ventricle, which in its turn becomes enlarged and dilated, causing insufficiency of the tricuspid valve, and regurgitation into the right auricle, leading to its dilatation, and finally to obstruction of the systemic venous circulation.

The symptoms developed during this chain of events are to be ascribed to congestion of the lungs, liver, spleen, kidneys, stomach, and intestines; they may be postponed for a long time, and, together with the anasarca, are not usually observed until after the onset of pulmonary engorgement.

Similar results are brought about a little more quickly by aortic obstruction.

In treating either form of this disease, we must endeavor to prevent any interference with the free circulation of the blood through the arteries, and also to maintain the tone of the left ventricle.

The clothing should be warm, and chilling of the surface from exposure to changes of the weather should be avoided. The patient must be cautioned against making sudden muscular exertions, as lifting weights or running to catch cars, for it is under such circumstances, in this, above all other affections of the heart, that sudden death is liable

to occur. The diet should be moderate in amount and unstimulating, and a small quantity of some laxative mineral water taken daily aids in keeping up the regular action of the different functions of the body.

For the second indication several drugs have been recommended, but the best is digitalis, which certainly stimulates the heart to more efficient contractions, probably through its action upon the nerve centres controlling the cardiac movements. In cases, therefore, where the left ventricle is subjected to an overwhelming, constantly-repeated strain, as it must be in marked aortic regurgitation or obstruction, the use of digitalis is clearly called for, and its judicious administration will often be followed by the best results.

Much has been said about the risk of digitalis accumulating in the system, and producing sudden and dangerous effects. If, however, a proper dose is selected, and its operation carefully watched, no danger from this source need be apprehended. When during its use the heart, instead of beating violently and inefficiently, settles down into a more healthy action, and the pulse becomes stronger and fuller, the doses should be lessened and the interval between them lengthened, as it is only when carried beyond this point that there is any risk. The dose to begin with is ten drops of a good tincture repeated every six hours, gradually increasing both the quantity and frequency of administration until the wished-for result is attained, always remembering that when this is once reached a much smaller amount of the medicine is required than before.

The fact that sudden death has occurred during the use of digitalis is no argument in support of the supposed cumulative action, as the diseases in which it is employed very often terminate suddenly. On the contrary, there are cases on record where sudden death has occurred from failure of the cardiac contractions soon after it has been discontinued. Such, indeed, was the case with the first patient referred to, who had extreme aortic regurgitation. In cases that are suitable, the free, fearless and continued use of this drug will relieve the most alarming symptoms of failing circulation, prolong life, sometimes for years, and afford incalculable comfort. The use of other remedies, as quinine, strychnine, arsenic, and iron, which aid in maintaining nutrition and muscular power, must not be neglected.

Communications.

A CASE OF REMITTENT FEVER WITH CONGESTION OF THE BRAIN.

BY JOHN L. COOK, M. D.,
Of Henderson, Ky.

A case recently came under my observation which presents some interesting features.

On the 5th of August, 1872, I visited Mr. R. J., five miles in the country, farmer, who had been ill for some weeks with tertian intermittent fever. Monday, Wednesday and Thursday previous to my visit, had paroxysms each day, and from Thursday noon until Friday night ten o'clock, thirty-four hours, had remained unconscious; tongue slightly furred, and had fever; Thursday night and Friday morning he took twenty grains quinine, from the best information I could obtain, as parties disagreed as to the sizes of doses.

Diagnosis.—Remittent fever with congestion of the brain. He took the following:

℞. Potas. brom., ʒij.
Aquæ, ʒvj.

Fiat mist.

Teaspoonful every three hours.

Also this:

℞. Calomel, grs.xxx.

Fiat chart No. 3.

One every three hours, alternating with the potassium.

Ice water to scalp. All these remedies were used for the same purpose, namely, to diminish the quantity of blood in the brain.

Saturday, August 9. Better; bowels had acted copiously four times; was conscious, but quite weak. Continued bromide potassium for its sedative effect. Omitted quinine.

August 10. Fever arose at four P. M. the day previous; delirious through the night, but fever had abated, which was never high through the course of the disease. Pulse moderately strong. Doses of five grains of quinine were ordered until five should be taken; three were given before the fever arose, and two after. Bromide of potassium administered occasionally to counteract the effects of quinine on the brain, as well as control congestion of the same.

August 11. Had been quite restless through the night, and in fact during the

whole of his sickness. Incoherency when not aroused. Tongue very dark. Body cool after the fever passed away in the night. Left three powders of quinine, of ten grains each, of which he retained two, but vomited the third one; ten grains calomel as a cathartic and sedative. Was called in the night, as the patient was thought to be dying. Found him perspiring, cool, and very much prostrated. Gave a teaspoonful of whiskey frequently, and morphia to induce sleep. Remained all night.

August 12. No operation for a day, warm, but intense cephalalgia. Prescribed calomel and bromide of potassium, as I did the first visit, August 8th. If calomel did not move the bowels to have sulphate of magnesia.

August 13. Took the medicine according to directions, except the salts, which he did not take at all. Dr. Wm. M. Hanna made this morning's visit for me. He very judiciously ordered an enema, and fifteen grains of quinine, in three doses, for the forenoon, and the same quantity for the following day.

August 14. Much better; bowels moved eight times without any injections. No fever; appetite returning. Patient put on iron, quinine and strychnine, and discharged.

Commentary.—Now it will be observed that on the day of my first visit I failed to give quinine. Here was a difficult case to treat scientifically. The man had been semi-comatose over thirty hours, and quinine would certainly augment congestion of the brain, and I might thereby kill my patient. Here is the dilemma. In so far as quinine destroys malaria it will accomplish good, but it might hopelessly aggravate the complication. The question was would the return fever or quinine do more injury to the brain? If the former, then the drug was imperatively demanded; if, on the other hand, it was thought the quinine would be more detrimental, then surely we should refrain from its use. In reflecting upon the case, I am inclined to think quinine should have been given at my first call. However, at the time, I apprehended death from congestion, ending in exudation, if speedy relief were not obtained. It may be that the treatment saved the patient, but this I defer to the judgment of your readers. It remains for me to offer other reasons for the course I pursued. The main object was to diminish the congestion of the brain. How could this be done? By giving medicines to produce contraction of the cerebral blood-vessels, viz, bromide of potassium and calomel, with the addition of cold water to the head. Had there been fever of a high grade, I should have governed the heart, and therefore the temperature, with six or eight drops of tincture of veratrum, given as often as necessary. The patient must not be allowed to die from mere combustion. Never fail to control dangerous febrile excitement, no matter from what cause. The bromide of potassium and calomel do their work admirably well, when given in time in inflammation of the brain or membranes, that is, before exudation makes it irretrievably too late, for they can do no good when the patient is completely comatose, from foreign matter infringing on the brain tissues.

Why give calomel? To produce ptyalism? No. But because it acts on the cerebral blood-vessels just as bromide of potassium does, to wit: constringes them, inducing anæmia of the organ, according to the views of Prof. Wm. A. Hammond; and he never guesses as to the therapeutical action of any medicine. He demonstrates; he proves. Here then, this excellent medicine came in to play an important part in this complication. This drug is very potent for good or evil, just as we select cases for its administration, and hence its abuse and praise by different schools of practitioners. It must be given in the right place. While in coma from congestion, it will act like a charm, but in coma from inflammatory lymph it can but do mischief. So with bromide of potassium. To give calomel just because our ancestors gave it is quite irrational, I must admit; but if it produce anæmia of the brain, which we have no reason to doubt, of course give it when that important organ is congested; and on the other hand, if the patient have anæmia of the brain, too little blood, and cephalalgia is the result; most assuredly calomel would increase the anæmia, and consequently augment the severity of the pain.

Second, I gave it as a cathartic; and in view of the foregoing facts, it can be stated that it is inflammation of the cerebro-spinal organs which destroys life in *spotted fever*; but with the measures, etc., referred to, viz: cerebral and arterial sedatives, at least ninety per cent., if not every case, should be saved which escapes destruction at the outset by collapse. Why sir, there is one great

difficulty with many physicians; they treat names and let actual conditions go. We must do the reverse. When there is depression resort to stimulants, when there is excitement, fever, etc., rely on sedatives, and when there is exhaustion depend on sustaining measures. This rule will always hold good, and should govern us in the treatment of any case, whether mild or malignant, for there are many malignant fevers which present high types of fever, but it is the more essential to hold them in abeyance during the proper stages. Whenever we find the temperature running up to 104 and 106 in pneumonitis, yellow fever, or anything else, by all means bring the bodily heat to as near the normal standard as possible, by appropriate medicines. Again, it is common in cerebro-spinal meningitis, as well as other complaints, to give a little quinine, a little Dover's powder, ipecac, whiskey, calomel, veratrum, and many other medicines whose therapeutical action are just as diverse. This is blind treatment. This is random treatment. It lacks science. It lacks common sense. To give sedatives in depression, stimulants in excitement, and again sedatives in exhaustion, is the first step towards a funeral. Where the disease tends to death such a course will never restore the patient, and it will be a wonder if it do not kill him.

In the case reported, I endeavored to control the amount of blood going to the brain, just as a man does the hose when he wishes to supply water in quantities to suit his conveniences and necessities. First aim to fully comprehend the physiology and the pathology of any morbid process, for when the nature of the complaint is understood, we will know the sort of remedies we desire. Diseases whose course is to restoration, require little if any medication, the chief reliance being on suitable alimentation. This is far from the case where death soon takes place unless the progress of the malady be checked. This is particularly so with cerebro-spinal meningitis, congestion of the brain, cholera, yellow fever, etc. Energetic measures must be adopted, but blind heroic treatment may murder the victim. If we find one laboring under congestion of the brain from fever or other causes, would it not be criminal to use small doses, much less infinitesimals, and thus fall short of what nature demands in relieving an abnormal condition, which could be done with doses from ten to thirty grains of calomel, alternated with from thirty to sixty grains bromide of potassium every three hours, if less would not suffice.

Other means looking to the same end would be valuable aids. During the prevalence of *spotted fever* in Hardin county, Kentucky, two years ago, I saw a patient with Dr. R. B. Pusey, where the complication affected the spinal cord, leaving the brain perfectly free. Had fever, pain in the back, slight opisthotonos, no head troubles, but despite the Doctor's efforts he died after several weeks' suffering.

I am satisfied this was similar to cases we meet, except the disease manifested itself in the cord alone. To illustrate the grounds I have taken, would it not have been futile to give bromide of potassium to this patient, as is customary in cerebro-spinal meningitis? Certainly, because that medicine has no specific effect on the cord, it acts on the brain; but belladonna, ergot, etc., which diminish the quantity of blood in the cord, were the only hope. At the same time I reported a case of cerebro-spinal meningitis which was published in the *Richmond and Louisville Medical Journal*. The child lingered forty-nine days and died. I did the best I could with the lights before me. But I think that patient should have been cured. There is no doubt in my mind but that there was a proper way to save that child's life, had I known and pursued it. From the reports in medical journals, physicians in the South are curing more cases of cerebro-spinal meningitis now than ever before. Look at the records and see why. They are like the wise general who besieges an almost impregnable fort. They waste no time with grape and canister, small doses of opium, bromide of potassium calomel, with the strange medley of whiskey and quinine, when artillery only can reach the disease, viz: calomel, bromide of potassium in doses referred to above. Two days or even one day may make it everlastingly too late. Exudation may take place rapidly, coma become established, and death is the result. These large doses are to prevent that which will surely destroy life, the pouring out of lymph, pus globules, etc. To treat the disease successfully, treat it early, control the cerebral and arterial circulations. With regard to large doses of calomel, so far as I know, I am the first to contend that it is curative in cerebro-spinal meningitis, or

congestion of the brain, by diminishing the quantity of blood in the minute cerebral blood-vessels.

Last spring, my friend, Dr. J. A. Hodge, of this city, relieved a case of the former disease by large doses of veratrum, bromide of potassium, occasionally calomel, and application of ice to the cranium.

In his opinion quinine did no good, and perhaps harm, which after a short trial, was discontinued. Upon the recovery of his patient I thought verily it should be said of him: "Well done, thou good and faithful servant, enter into the joys of thy" Profession.

I am frequently asked with regard to the utility of ice locally in cerebro-spinal meningitis. Like other questions it can be fairly met. In the first or chilly stage, *depression*, it should be peremptorily prohibited, for it is a potent sedative, and the shock to an already depressed system may cut short life in a little while; but, when fever arises, do not say to the nurses it had best be used, but say it *must be done*, without remission, and mark me, such emphatic words will be heeded and obeyed, when otherwise they would amount to nothing. Again, towards the close of the disease there will be exhaustion. Now what must we do? I imagine every reader can answer this query. Abandon ice topically, as well as sedatives internally, and hang our hopes on stimulants and nourishment.

Ice is correlative with calomel, bromide of potassium, etc., in its action, and therefore uesd for the same purpose. So in the comatose state, which is one of exhaustion, put no ice applications to the head. When admissible at all, it is for some specific purpose. Every step we take in the treatment of disease should have a definite object in view. And, for example, in brain fever, I have known physicians to prescribe bromide of potassium, which is perfectly right in its place, but at the same time give whiskey, the latter directly counteracting the desired effects of the former. Who ever saved patients in that way? Nobody. It cannot be done. I have briefly touched this point before, but its importance is my apology for introducing it here. The aim of the skilled workman is the centre, and it were well for us to take like aim; and in our attempted excellence and skill rival the "Merrie hunter, Robin Hood," who ne'er missed mark. In our profession, if the style of the skill is very different, it should be none the less *exact*; nothing less will satisfy the demands of conscience, which, for every error, causes the perpetrator to bemoan his failure as little less than the charlatanism or quackery which sports with human life.

Before closing I wish to call the thoughtful attention of the fraternity to another fact which, in my humble opinion, is of much moment. It is the impropriety of dosing patients with hydrate of chloral when the brain is engorged with blood. It first excites the brain before it stupefies the patient, and frequently, instead of calming the excited system, it produces active delirium by increasing the congestion of the brain. Hence be careful how you tamper with potent remedies; they must be given in the right place. The judicious practitioner is always cautious as well as bold; the ignorant frequently rash and egotistical, and his patients the sufferers, in consequence of his defect in sound knowledge.

When a cupping glass is applied to a limb it draws blood to fill the vacuum, and an "exhauster" around the whole body may produce a fainting fit, by depriving the brain of sufficient amount of blood. It requires no explanation to show why this apparatus would assist in relieving active congestion of the brain.

Hospital Reports.

LONG ISLAND COLLEGE HOSPITAL. SESSION 1873.

Clinic of Prof. A. J. C. Skene M. D.—Diseases of Women.

REPORTED BY GEO. W. CUSHING.

Case of Pelvic Cellulitis, Complicated with Psoas Abscess.

History.—This patient entered the hospital in April, and appeared before the class with the following history:—

Mrs. C., aged 26 years; married two years; menstruation always regular. She has had one child, born January 2d, 1873. Labor was terminated by the use of forceps, the child being safely delivered. Her health was good until shortly after her confinement, when she was taken with a chill, followed by fever and severe pelvic distress. She recovered slowly from the febrile symptoms, but the pain located in the left pelvic region remained, and seemed to increase in severity. She lost the use of the left limb and also the sensibility of the part to some extent. She has gradually failed in health, and was brought to the hospital for treatment.

Present Symptoms.—Her appearance indi-

cates an extremely anæmic condition; appetite poor; bowels constipated and micturition frequent and painful. Complains of a feeling of weight and pressure in the pelvis, and any motion causes extreme suffering. Severe pain referred to the lumbar and sacral regions of the back.

Examination.—Digital examination was made with much difficulty, the patient being very nervous, and any manipulation of the pelvic organs caused considerable distress. Passing the finger up to the cervix, an indurated tumor was discovered in the region of the left broad ligament, about the size of an orange, the uterus itself being but slightly movable. External examination revealed underneath Poupart's ligament, on the left side, a small tumor, the contents of which appeared to be of a fluid character, a distinct feeling of fluctuation being perceptible, and a tumor was also observed in the left inguinal region and extending up nearly to the umbilicus. This appeared to be connected with the tumor in the pelvic cavity. A diagnosis was made at this time of pelvic cellulitis, and the patient was retained in the hospital to await future events.

Progress of Case.—Treatment was palliative, consisting of rest and such constitutional medication as the symptoms indicated. Soon after admission the tumor beneath Poupart's ligament opened spontaneously, and discharged a quantity of pus through a fistulous opening. A suspicion of psoas abscess was entertained, and pressure over the back revealed increased tenderness about the second lumbar vertebra. The fistulous opening was now examined with an elastic catheter, which was carried almost its whole length, through a sinus in the direction of the pelvic cavity. It was surmised that the tumor in the broad ligament had suppurated, and was discharging through the same opening as the psoas abscess. At this time it was believed the patient was affected with both pelvic cellulitis and caries of the vertebræ, causing psoas abscess. A vaginal examination revealed a marked diminution in the size of the pelvic tumor, but gave none of the signs of fluctuation or of its passage into the third stage of suppuration. The patient, though put on the best nutritious diet, with stimulants and tonics, slowly failed in strength. The opening beneath Poupart's ligament constantly discharged purulent matter. About the middle of June she began to cough and expectorate slightly purulent matter. This increased and became in time distinctly purulent and very offensive. It was now evident that the abscess had penetrated the thoracic cavity, and opened into a bronchial tube. An interesting point was that when the discharge was free from the opening at Poupart's ligament, the expectoration was less, and vice versa. Several times the sac of the abscess was washed out with carbolic acid and water, but each time severe paroxysms of coughing were caused, and the patient declared that she could taste the carbolic acid in the matter expectorated. The lower limbs became greatly swollen from dropsical effusion. Abscesses formed over the parotid and submaxillary glands, and when opened discharged large quantities of purulent, very offensive matter. She finally died, from pyæmia and exhaustion, in the latter part of July.

Post-mortem.—The pelvic cavity presented evidence of inflammatory disease. The inflammatory products which had been effused into the cellular tissue of the broad ligament and formed the tumor felt through the vagina, had been almost absorbed. The uterus and left broad ligament were found bound to the left side of the pelvis by bands of lymph, showing that the inflammation had extended to the surrounding parts. The abdominal viscera presented nothing unusual, but pus was found within the sheath of the psoas muscle, and a sinus running down to the opening beneath Poupart's ligament. An examination of the vertebræ revealed a carious condition of the second and third lumbar vertebræ. The purulent matter had also burrowed upwards, along the bodies of the spinal column, penetrating the diaphragm and opening into a bronchial tube, thus accounting for the purulent matter expectorated. The lower lobe of the left lung was diseased and bound down to the diaphragm by adhesive inflammation. A long probe was carried from the point of perforation beneath Poupart's ligament, upwards, until it entered the lungs, showing a continuous tract from one to the other.

Comments.—This case presents a very complete history of two distinct affections, *i.e.*, psoas abscess and pelvic cellulitis. While the two diseases are not uncommon, it is rare to find them coexisting in the same patient. The history of the course of these two diseases is well illustrated in this case. Parturition occurring in one whose constitution is below par, as in this case, is by far the most common cause of pelvic cellulitis, and disease of the vertebræ is the most frequent cause of psoas abscess. The opening of the abscess through the lung into the bronchial tubes is a rare complication of this disease.

Pelvic Peritonitis.—Discharge of Purulent Matter Through Rectum.

History.—Annie R., aged 26 years; married eight years and the mother of one child. Had one miscarriage four years ago. Menstruation began at the age of twelve years, and continued regularly until her miscarriage. From that time she suffered from menorrhagia, and the menstrual discharge was more free than usual for the three years following. A cessation of the catamenia then occurred, lasting six months, when it reappeared at irregular periods. After her miscarriage she complained of "burning heat" in the left pelvic region. Had constant and abundant leucorrhœa, bearing down pains and backache. Nervous symptoms gradually became developed, constant pain in head and over eyes; sleeplessness; mental depression and a

continuance of pelvic trouble. The pain in the left side was excessive, and confined her to bed a great part of her time. About three years from the beginning of her sickness, the patient states, an abscess in the pelvis broke and discharged its contents through the rectum. This discharge has continued more or less up to her entering the hospital.

Present Symptoms.—This patient was presented at the clinic with the above history. There was no decided change in her condition, and the pain and distress remained but slightly abated. Her digestion was entirely deranged, and the stomach was so weak and irritable, that it rejected much that was taken in the way of nutrition. She was unable to take opium in any form, which made it much more difficult to relieve her pain. During menstruating, and for a few days before, she felt much worse.

Examination.—Vaginal touch revealed a fluctuating mass within the cul-de-sac of Douglass, which communicated by a fistulous opening with the rectum. The parts were very sensitive, and the examination caused considerable distress. The abscess was doubtless lined with a pyogenic or pus producing membrane, which accounted for the constant purulent discharges.

Progress of Case.—At a later period, Prof. Skene attempted to relieve the trouble by an operation. He carried a bistoury through the posterior vaginal wall at its junction with the cervix uteri, into the sac of the abscess, and introduced a tent of sponge, thus hoping to convert the rectal fistula into a vaginal. No aggravations of the symptoms was induced. The sponge was removed in two days and with some difficulty. A profuse discharge of pus followed, into the vagina, which continued for four days, when it entirely ceased. Two days after it reappeared through the rectum, nothing passing by the vagina. It was found on vaginal examination that the artificial opening had closed. The patient's health being so far below the normal standard, and the great difficulty experienced in the function of digestion, she was advised to leave the hospital, in the hope that change of air and habit would be beneficial, when, if necessary, she could return if her condition required her to do so. She was seen several months afterwards and reported herself considerably improved. The inflammatory products were less abundant in the pelvic cavity, and the uterus appeared to be slightly movable. The discharge from the rectum had almost disappeared.

Comments.—This case is a good illustration of chronic pelvic peritonitis. This disease appears in all grades of severity, and is exceedingly variable in its duration. The products of the inflammation are usually protoplasm, which is thrown out on the free surface of the peritoneum, and forms so-called false membranes, but occasionally the accumulation of this material in the sac of Douglass takes on suppurative action, and we have abscess, as in this case. The opening which was made through the vaginal wall would be a most dangerous operation under ordinary circumstances, but in this case the sac was walled in by the products of inflammation, so that there was no danger of opening into the peritoneal cavity. There were reasons for believing that this patient had syphilis, which accounted in part for the intractable nature of her trouble.

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

Rupture of an Ovarian Cyst—Ovariotomy.

GENTLEMEN.—Before proceeding to the proper business of the clinic, I shall recite a case of considerable interest in the consideration of ovarian tumors. Some time ago a lady, aged 58, called on me with an abdominal tumor. She was markedly emaciated, and had ceased menstruating five or six years. Five or six months previous she noticed a commencing tumor, and at the time of examination it was as large as a pregnant uterus at the ninth month. I examined the case and told her that she had an ovarian tumor, and I would advise her to have it operated on immediately, or at all events before the winter was out, as the spring is a bad season to operate. I was a little surprised to find that four days ago she had taken me at my word. I then ordered her food containing a large amount of meat, so that she might be put in the best possible condition for operation. Yesterday morning I recollected that I had made only one examination, and that a hasty one in my office, and as the operation was to take place in the afternoon, I examined again, when wonderful to say, there was no tumor there, merely some fluid in the abdomen. I tried the small sized aspirator needle, then the three next larger sizes, but could draw nothing through them. However, I was confident, from my previous examination, that there had been an ovarian tumor, though there were no signs of any present at that time.

In the afternoon a consultation met, and it was deemed best to make an exploratory incision, which was done, when we found just what we expected, an empty sac with its contents in the abdomen. The consistency of this fluid was about that of calves foot jelly, and for this reason it could not pass through the needles. This fluid, with a great deal of trouble, was removed, but not wholly. The sac was removed and the abdomen closed, a drainage tube having been inserted for the purpose of washing out the abdomen, which will be begun to-day. This morning the patient is cheerful and happy. The main danger to be apprehended is from septicæmia.

Intra-mural Fibroid—Treatment.

M. F., æt. 30, single. Has been sick for a year. She resembles closely a patient who has Thymic asthma, that is, a form of asthma occurring with enlargement of the

thymus gland. The aphonia is so great that it is impossible to hear her at any distance.

Vaginal Examination.—The uterus is as large as at the third month of pregnancy, as made out by conjoined manipulation. But on introduction of the sound it passes obliquely backwards, and enters one side of the tumor, the large mass being anterior to the sound. When pressure is made on the mass a mild epileptic attack occurs. The question for us to consider is, what is it. My opinion is that it is a mural or interstitial fibroid, and it is mural, from the fact that patient's menstruation has been imperfect. It is the cause of all the hysterical symptoms, aphonia, asthma and convulsions. The treatment should be to keep the patient on ergot for one or two years if necessary. The effect of the ergot may possibly be to cause the tumor to undergo calcareous degeneration, but if not, to convert it into either a sub-mucous or a sub-peritoneal fibroid.

Sub-serous Fibroid, Resembling Pelvic Cellulitis.

K. M., æt. 28, married. Has one child five years old. Has been but two weeks sick, and then not closely confined to bed; complaining of pain across hips and stomach. My attention was drawn to this case as one of pelvic cellulitis, but on making an examination I feel inclined to doubt their opinion, and for this reason. Posteriorly there is a tumor, apparently connected with the uterus, and when pressure is made on it the uterus and tumor go up together. Now I do not recollect of having met a case of cellulitis where there was not hardening and matting of the tissues around the uterus. My assistants tell me, however, there was such a case at this clinic about two years ago. It is true the recent history of the case looks very much as if there were some recent pelvic inflammation.

(Here Dr. Thomas interrogated the patient closely, and she said that for a length of time she has visited the Dispensary to be treated for disease of the womb, but never had heard what was the matter with it).

From the history we have just obtained, it appears there has been some uterine trouble for a length of time. My own opinion is that it is a sub-serous fibroid, and about two weeks ago there lit up an attack of pelvic peritonitis, which would account for her recent symptoms.

If we had a case of cellulitis we would have a painful tumor; but this is not painful at all when the uterus is carried directly up. However, when the finger is carried posteriorly to the cervix, we then have pain. Besides cellulitis it might possibly be an *ovarian* tumor prolapsed, or it might be a *hematocele.*

Duncan met with one case of movable cellulitis, but with the present evidence I do not think that this is a case. If it were a fibroid tumor it would account for the patient's sterility for the last five years.

Treatment.—What shall we do for her? First, and most important for the present is rest, and it is the very thing the patient will not attend to. If she would enter hospital it would give her the best chance; but in this country patients strongly object to making themselves objects of charity. In Europe it is quite the reverse. Injections of water should be used steadily, and lastly the bowels should be kept open. In general peritonitis this would be bad treatment, but in the pelvic form fæces remaining in the lower part of the colon would increase the trouble. In a fortnight she will be better, and if she should return after some time to the clinic, we shall be able possibly to verify the diagnosis.

Dysparunia from a Prolapsed Ovary.

M. D., æt. 22, sterile, and during the last year has complained of severe pain on sexual intercourse. Dr. Barnes has coined a word for this state of affairs, and calls this variety of pain *dysparunia.*

Vaginal Examination.—We discover a conical cervix, a most common cause of sterility. It may happen that with a cervix just like this a woman will be sterile for fifteen years, and then, as if by accident, conceive. After one conception she may go on and bear several children. My assistant first examined the case, and on sweeping his finger around the pelvis, touched something that gave the patient excessive pain. He directed my attention to it, but I could not discover it, and when he examined it again the patient told him that he had not touched it. The fact was that in his first examination he had replaced a prolapsed ovary. It is an important thing in consultation to bear this in mind.

Treatment.—We can do but little for it. A pessary might be used to keep it, but beyond this, nothing. The cervix, however, could be slit up, and in this way the obstruction to pregnancy be got rid of.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.—STATED MEETING, Nov. 7.

President, Austin Flint, M. D.

Intro-Rectal Abdominal Examination.

Dr. Leale read a very interesting paper on Simon's method of introducing the hand into the rectum, and in this manner examining the whole of the contents of the abdomen.

The method is as follows:—After having thoroughly coated the hand and forearm with oil or lard, introduce the hand, cone-shaped, within the sphincter muscle; there is here met the first obstruction, and after a pause it is carried up to the sigmoid flexure of the colon, where it meets with the second obstruction. Now the hand is turned, and with its concavity looking to the left, it is carried on; the sensation, as described by

Dr. Leale, is that of one-tenth tearing and nine-tenths stretching, something like that imparted to the touch by the stretching of india-rubber. In the first case the hand or forearm was carried in to the distance of sixteen inches. This case had dismenorrhœa, and an instertitial fibroid was discovered in the substance of the uterus. The circumference of the forearm at its broadest portion was ten inches. When the hand is in the cavity of the abdomen it can be moved from side to side, and in this case was able to touch the stomach and liver, and the points of the fungus were easily felt through the abdominal wall, four inches above the umbilicus. Simon discovered a tumor in the uterus, and made out a calculus in the bladder.

Dr. Leale made quite a novel use of this in another case of impending death by chloroform. The patient was suffering from dismenorrhœa, and attempted suicide by taking internally about two ounces of chloroform. When seen the patient was completely anæsthetized. An emetic of salt was given, but though it evacuated the contents of the stomach, there was no sign of chloroform, showing that it had been absorbed. Death was impending by asthenia. The sphincter muscles of the anus were completely relaxed. The hand was introduced slowly into the abdomen and carefully rubbed over the solar plexus. From this irritation the breathing improved and the patient recovered.

Dr. Howard said he listened with great pleasure to Dr. Leale's paper, but there were some points he would like to take exception to. In respect to stone in the bladder, the stone must be resting on the trigone, otherwise it cannot be reached; again, if it is there it can merely be touched and tilted upward. It cannot be gripped in the fingers, if it could be the easiest thing in the world would be to introduce a bistoury and drop it into the rectum. These facts he had demonstrated on the cadaver. In diseases of the uterus it may be very beneficial. In strictures of the sigmoid flexure also it might be of service, allowing the fingers to dilate the stricture. In the *Lancet*, of last year, there was a very interesting case of this recorded, in which death took place a few hours after dilatation. In nearly every case of this kind of stricture an ulceration is discovered immediately above the stricture, and the dilatation ruptured this and allowed a communication between the colon and peritoneum.

[A few weeks ago a case nearly identical with this occurred at the Woman's Hospital. The case was being dilated with a new modification of Barnes' dilator, when shortly after peritonitis developed and death occurred within thirty-six hours. At the autopsy the ulceration was discovered, showing how by its rupture death had resulted.]

Cholesterœmia.

Dr. Austin Flint, Jr., related some of the experiments which he performed in 1862, and which were coldly received in this country, though in Germany and France they have been the subjects of marked attention. They have also lately been confirmed. He said that at the present time he had nothing new of his own to bring forward. He proposed, however, the use of a new word, *Cholesterœmia*, for a class of symptoms which so far have been only vaguely noticed.

Jaundice is of two varieties, one mild and the other grave. He was of the opinion that cholesterin was the peccant principle in the latter. In respect to his experiments on the bile, and as to whether it was a secretion or an excretion, he would first define the terms. A secretion was a substance not preformed in the blood, but formed by the epithelium from elements of the blood, whereas an excretion was a substance separated from the blood in which it was preformed. The bile partook of both of these characteristics, part of its constituents being a secretion and part an excretion.

In respect to the function of the bile his experiments convinced him that where there was a complete biliary fistula, and no bile entered the intestines, death took place in from thirty-five to forty days, with a voracious appetite, but all the signs of starvation. In opposition to this was the experiment of Blondell, where a dog with a biliary fistula lived four or five years, and at the post-mortem showed that there was no communication between the gall bladder and the intestines, though it was carefully looked for. He would qualify this, however, by relating an experiment of his own which was of considerable significance. He had operated on a dog for a biliary fistula, by cutting down on the bile duct and inserting a silver canula. He then attached a bladder to collect the bile furnished in twenty-four hours. He was unable to remove this himself, and went out for an assistant, but in the meantime the dog had torn it off with his teeth, bringing the canula with it. After this the dog was let alone and showed but little harm from his treatment. There followed no sign of starvation, nor anything to show that any of the functions were interfered with. Some time after the dog was killed, and at the examination no communication was detected between the gall bladder and the intestines. But Dr. Flint was fully convinced that such a channel did exist, and after two hours' patient investigation discovered a very tortuous communication with the intestines. He was of the opinion that if Blondell's case had been carefully and thoroughly examined some channel also would have been found, which conducted bile from the liver to the intestines.

In respect to cholesterin, an analysis of blood in the carotid artery and jugular vein shows an increase of it, the latter thus proving that it is formed, in all probability, in the nervous tissue of the brain. Again it is found that from an analysis of the blood going to and coming from the liver, a decrease is discovered corresponding to the

increase derived from the brain. In three cases of hemiplegia in which an examination was made it was found that on the side unaffected by lesion the normal amount of cholesterin was discovered in the veins, whilst upon the diseased side no cholesterin at all was discovered, thus showing in a remarkable manner the relation existing between cerebral action and the production of cholesterin. Cholesterin, as was said before, is excreted by bile, but strange to say we do not find it in the fæces. However, there is another substance which is discovered, and which has no existence in the bile, and this Dr. Flint proposed to call *Stercorine*. The inference is that cholesterin in its passage through the intestines is in some way acted on so that stercorine is produced.

Dr. Flint's views in brief were that cholesterin was produced by the nervous tissues, carried by the blood to the liver, there separated and carried out in the bile. The amount of cholesterin discharged daily was ten grains.

Cholesteræmia, the new word which Dr. Flint proposed, signified the retention of cholesterin in the blood, which gave rise to rather indefinite nervous symptoms, and the disease was in this manner analogous to uræmia. After the reading of the paper and some remarks by Dr. Fordyce Barker, it was considered of such importance that a special meeting of the academy was set apart for its full discussion.

AMERICAN PUBLIC HEALTH ASSOCIATION.

This Association met at New York, November 18th.

Mr. Stephen Smith, M. D., the President, delivered the opening address of welcome, and read an interesting paper showing the beneficial effects of the study of hygiene.

Mr. James W. Beekman contrasted, in an able paper, the hospitals of Europe with those of this country.

Dr. Billings, Assistant Surgeon of the United States Army, read a paper on libraries and their influence on public health.

Dr. Nathan Allen, of Lowell, Massachusetts, gave his views on the "Perfection of Structure and Function in the Human Body as a Leading Element of Hygiene." One of the great requisites of long life was to come from a healthy, long-lived stock. The temperaments must be well blended, and there must be harmony and balance between all the organs. A moderate climate was decidedly favorable to longevity, and so were a cheerful disposition and a well trained mind. The greatest longevity was found among the most civilized nations. Harmonious action of the body and mind, this was the first principle of longevity. Dr. Allen alluded to the treatise of an eminent author, who claimed that 100 years was the proper age which every man ought to attain, and if dead before this age it was owing to his excesses, his follies and similar causes.

Dr. Edward Jarvis, of Dorchester, Massachusetts, submitted a long report upon the "Power of the Housekeeper over, and Responsibility for the Health of the Family." The law of the stomach was the law of the man. As was his nourishment so was his power, and not only the power of his body, but also that of his mind. The stomach was generally sound and did its work without any difficulty, but if the food was ill prepared, it could not easily be digested. If people were troubled with headaches, and felt disinclined to attend to business; if they were nervous and their energies seemed to be overborne, it was often owing to the heavy tax which they had laid upon their digestive organs, they or their housekeepers who prepared the food for them. A man's dinners made him buoyant or depressed, and the science of a kitchen was in a great measure the science of life. It had such a power for checking men's energies, that it was certainly worth studying with the greatest attention. It would be a great blessing if some sound book were written, not about elaborate dishes, but about thoroughly healthful cookery. To their housekeeper they owed, to a great extent, their pleasures and sorrows. Woman was not a cook by nature any more than man was a shoemaker or a lawyer by nature, and to be a good cook, it was necessary to study the art of cooking. After the reading of this paper many of the spectators left the hall.

Dr. James E. Reeves, of Wheeling, West Virginia, read a paper upon the "Physical and Moral Causes of Bad Health in American Woman."

The subject of "Cholera in the United States in 1873," was discussed, with the aid of maps. Various members presented local reports upon cholera, as it has prevailed in the Mississippi Valley during the present year. Some of the figures will be interesting. There were 232 deaths from cholera in New Orleans; 16 in Concordia parish; 12 in Delta, Madison parish; 50 in Lafonville parish; 60 in Monroe; 23 in Jackson; Miss.; 13 in Vicksburg; 120 in Birmingham, Alabama; 55 in Huntsville; 15 in Little Rock, Arkansas; 12 near Little Rock; 1827 in Tennessee, 633 in Kentucky, 242 in Illinois, 194 in Indiana, 253 in Ohio, 9 in West Virginia, 5 in Pennsylvania, 289 in Missouri, 118 in Iowa, and 4 in Dakota Territory. Dr. White, President of the Louisiana Board of Health, gave a lengthy account of twenty-five different cases of cholera which occurred in New Orleans, and explained them from a scientific point of view. He also read statements of the examining physicians in New Orleans. There was a general coincidence of the lack of rain with cholera. Dr. Eli McClellan, of the United States Army; Dr. William Clendennin, Dr. J. H. Rauch, Dr. E. Norris, Dr. A. B. Judson, Dr. John C. Peters, and Dr. J. N. Van Deman, and others presented also their views in regard to the causes of cholera.

Dr. Jacob J. Storer, of Boston, read a

paper on the utilization and disposal of refuse animal matter in large cities. Dr. Storer says that he knows from experience a simple and effectual remedy for this nuisance. The plan proposes to do that in a few hours, which, by the present offensive methods, requires weeks. A common house furnace is built in a brick chamber, the covering of the chamber being made of iron gratings or perforated plates. Over this is built a strong wooden bin, with a roof in which is an opening, say two feet in diameter. A fan blower is placed near the top of the bin, having both a suction and force pipe. The bin is filled with the animal remains, a fire made in the furnace, the suction pipe attached to the opening at the top of the bin, and the fan put in motion. The heated air is drawn up through the contents of the bin, and, with its burden of moisture and offensive gases, is ejected through the force pipe into the fire. Health boards have hesitated to require the adoption of new systems, on account of the expenses resulting from any change, but the first cost of such apparatus as above described would probably be more than made up by the economy of time in the manipulation of the animal refuse of large cities.

THE EPIDEMIOLOGICAL SOCIETY OF MARYLAND.

A meeting of this Society was held in Baltimore, November 11th, with the President, Professor Harvey L. Byrd, in the chair, and Dr. J. E. P. Boulden, Secretary. Drs. Pasquad Quinan, Robt. Harris, C. C. Richardson, P. B. Porter and J. W. Burton were elected members of the Society.

Dr. John Morris read an able and interesting paper on scarlatina, first expressing regret that the nature of the contagion has baffled all analysis, and that all measures taken to prevent its propagation or spread prove utterly fruitless. He then spoke of the scarcity of practical knowledge as to the nature and proper treatment of the disease. When first observed, only a few centuries ago, it was a very mild disease, and even in the eighteenth century it was not considered a serious affection. The etiology of the disease has heretofore been little understood, but the generally accepted opinion of the profession now is that it originates in a specific poison, generated in the same manner as the poison of typhus, ague, enteric fever, etc. Dr. Carpenter, of London, contends that the poison of scarlatina is generated by the decomposition of the blood of vertebrate animals, and that slaughter-houses in cities are the sources of the infection. The means of propagation are numerous, and the milk pail, laundry, schools, shawls and other woolen clothing, cess-pools, etc., have been unmistakably proven as means of its dissemination. The proper treatment of the disease was then considered by Dr. Morris, and he contended that there is no scarlet fever without a throat complication, and that there is none without an eruption. He recognized two forms of scarlatina, and treated of them. A great deal of harm has been wrought, and many lives lost, by the recognition of a modified form of scarlet fever, commonly called the "scarlet rash." There is no such disease, all the old women of the country to the contrary notwithstanding, and the learned physician deprecated the disposition of parents to consider so-called "scarlet rash" as a harmless form of the disease. The pathological changes were then mentioned and reviewed. The remedies for the disease were also dwelt upon, and Dr. Morris stated that he had no faith in prophylactics in scarlet fever, and believed that they should be at once banished from medical literature. Though little can be specially done in the way of cure in scarlet fever, much can be done to prevent its propagation, and in this respect the civilization of the world is far in the background. In conclusion, Dr. Morris urged the importance of more attention being given to the discovery of an agent to modify the poison of scarlet fever, and his remarks were applauded. Dr. Morris was requested, by a unanimous vote of the Society, to give his paper for publication.

The paper was discussed by Drs. Ogle, Caldwell, and Cadden.

The President, as chairman of the committee on yellow fever sufferers, reported the collection of about $70 directly by the committee, and Dr. Morris stated that several hundred dollars had been collected as the result of a conference with Mayor Vansant.

Dr. Boulden offered a resolution proposing that steps be taken looking to the establishment of a pest house, and that Legislative aid be asked. Drs. Boulden, Ogle, and Caldwell were appointed to urge the matter at the next Legislature. The Society then adjourned.

Hope for the Bald.

A writer to an English exchange gives the following case, which will be read with interest by that large class of gentlemen whose hair is thin, but not from years:—

A gentleman, who had lost nearly all his hair after a very severe attack of fever, consulted a French physician of great reputed success as a hair restorer. The prescription was a drachm of the homœopathic tincture of phosphorus to one ounce of castor oil; the bare spot to be rubbed with this mixture three times weekly for half an hour each time, after the skin of the head had been thoroughly cleansed with warm water without soap. This treatment was faithfully carried out for about six months; the hair soon began to grow, and in a year from the time of first following the doctor's advice, his head was as thoroughly covered as ever, the new crop of hair being about two shades darker than the old.

Editorial Department.

Periscope.

On Recent Therapeutics.

Professor Prosser James, M. D., in a lecture reported in the *Medical Press and Circular*, has the following summary :—

No greater shock to ancient prejudices could well have been given than the proposal to keep fever patients in cold baths for hours; but it has been done, and the improvement has been measured by the thermometer. By cold baths it is to be understood that the water is to be a little cooler than the body of the patient, not that the contrast is too violent or the shock great. Here it is singular to note that the system called hydropathy has, after all, a rational foundation, though the excess to which it has been carried by ignorant charlatans has been as injurious as it was unscientific. The rational use of cool water in febrile diseases has been fairly tried in the London Hospital, and it is to be hoped that the Profession will not abandon it to pretenders. I may add that where, as too often happens in private practice, there are many obstacles to the employment of prolonged baths, similar results may be obtained by assiduously and regularly sponging the surface.

Recent observations also go to prove that quinine possesses a considerable power of reducing the temperature in pyrexia, and the discovery enables us to see why it is sometimes so useful a remedy, and to measure its effect.

Another agent which recent research tends to prove possesses like properties is alcohol. In all its forms this has long been employed as a stimulant, and it will, perhaps, require further investigation to convince many that their sensations mislead them when they fancy it warms them. As to the medical use of alcohol, we have seen it go through a complete cycle of change, a circumstance that might well persuade us that it has not always been rationally employed, and that may also suggest doubts whether we even yet understand and appreciate its properties. Physiological experiment is probably leading us to the true method of employing it, and its power of reducing the temperature is an objective fact that may shortly receive its true interpretation.

The next remedy I cite is electricity. Assuredly we have lately made great strides in applying electrical influences to the cure of disease. The galvano-cautery is in many cases taking the place of the knife or of the hot iron. The silent, painless continuous current is made to effect what was vainly hoped for from the more obvious and painful shocks. We remove pain, get rid of effusions, nay, disperse solids by the galvanic current. No greater triumph of treatment can be mentioned than that involved in the removal of tumors by electrolysis. On the discovery of the great power thus placed in our hands, I applied it at once in cases of bronchocele, of large size, that had resisted all other treatment, and I am glad to be able to state that it was very successful.

How to Administer Carbolic Acid Vapor.

The Manchester Medical Society lately listened to a paper on this subject, by Mr. Lund. He described three methods of using the vapor of carbolic acid, by atmospheric diffusion. By moistening a piece of sponge with a mixture of one part by measure of strong liquid ammonia, two parts of carbolic acid and crystals melted, and three parts of pure alcohol, placed in a wide-mouth bottle, as a common scent bottle, it has been found to be of great service to inhale the vapor from this in cases of severe coryza and chronic ozœna. Mr. Lund also exhibited an apparatus invented by Professor Calvert, for diffusing the vapor of carbolic acid in sick rooms, etc. To prevent the possibility of the vapor of the acid being ignited by contact with flame, the heat is conveyed to it by a red-hot block of iron placed beneath a metal tray which holds the acid. The third illustration was a means of preserving recent anatomical and pathological specimens, by placing them in porcelain trays in a zinc box of one foot cubic capacity, lined on all sides with soft wood steeped in olive oil and one-fourth part of the pure acid. The lid of the box is made to fit air-tight, or nearly so, and at common temperature the interior is filled by an antiseptic atmosphere in which such specimens can be kept for a long time without putrefactive change. They are apt to undergo some alteration in form and appearance if they contain much fat, for this tissue slowly undergoes a kind of cell degeneration by *post mortem* liquefaction and exudation of oily fluid. With this exception, the physical conditions remain unchanged. The oiled wood lining of the box can be easily recharged with acid by rubbing over it some of the melted acid crystals, free from water.

The Relief of Constipation in Acute Diseases.

Some judicious hints by Prof. Skoda on this point are translated in the London *Medical Times and Gazette* :—In individuals in whom the evacuation of fæces is very difficult, this is rendered much easier by the employment of articles of diet which favor the generation of these gases. To this end, the use of brown bread is especially to be recommended. Leguminous vegetables do

this to a still greater extent, but their employment is not suitable for all persons, as in many they give rise to a troublesome amount of flatulence. But in order to render the evacuation of fæces easy, not only is it necessary that gases should be present in the canal, but liquids also. We should therefore endeavor to supply these by ordering such as will not be completely absorbed in the canal. Ordinary soup is not suited for this purpose, as it is too rapidly absorbed. Acid substances should be preferred, for most acids cannot be at once absorbed in the canal, because they require first to become combined with alkalies, a process that requires some time for its accomplishment. Meanwhile, they produce an irritating effect upon the canal, and contribute essentially to its easier evacuation. When constipation has lasted for weeks, and is dependent upon diseased conditions, such means are of no avail. The peristaltic movements are entirely arrested, and for such a state of things different measures must be adopted. While increasing the quantity of gases and liquids in the canal, we must attempt to reproduce the peristaltic movements, the cessation of which is sometimes dependent on the spinal cord. Quinine should be given, while friction of the abdominal parietes with aromatic oils, and the use of electricity should be resorted to. In many such cases, faradization of the abdominal parietes has proved of marked utility. In obstinate cases, hydropathic treatment may be of service, as also may warm baths; and Oppolzer used to apply cold applications to the abdomen with frequent success.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Russia is bound to know nothing unless orthodoxy. The publications of Dr. Stanski on the "Spontaneity of Matter" have been prohibited in that empire, on account of their materialistic tendencies.

BOOK NOTICES.

The Transactions of the American Medical Association. Vol. xxiv. Philadelphia, 1873. pp. 446.

In glancing over this volume, the most prominent difference between it and its predecessors is the jejuneness of original articles it manifests. The absence of these is made up (in space) by lengthy reports, often superfluously minute and literal, of the discussions in the various sections. Out of the 450 pages in the volume, just *twenty-four* are taken up with essays on medical science; there is a report from just *one* State on Climatology and epidemics; and we cannot but admire the ability and talent manifested by the Committee of Publication in compounding from such limited materials so big a book.

The original articles are one by Dr. Thomas M. Drysdale on the granular cell found in ovarian fluid; the education of the medical senses, by Dr. Edward Seguin; a description of an apparatus for bunion, by Dr. C. H. Lothrop; and some remarks on Spontaneous Generation, by Dr. J. B. Hough.

Dr. J. M. Toner gives from official sources a number of statistics on Medical Associations and Hospitals in this country. The report on the Climatology and Epidemics of Pennsylvania is by Dr. W. L. Wells, and is prepared with pains, but might advantageously have been condensed, if it had been any object. On the whole, we fear subscribers will consider the volume a dear one at the price.

Essays on Diseases of Children. By William Henry Day, M. D., M.R.C.P., etc. London, J. & A. Churchill, 1873. Cloth, 12mo, pp. 191.

This little volume, made up partly of unpublished, partly of heretofore published materials, treats in a brief and practical manner of a limited number of diseases of children. These are simple debility, remittent fever, headaches and obscure cerebral disease, laryngeal and tracheal irritation and croup. The author's position as physician to the Samaritan Free Hospital for Women and Children, has enabled him to apply his views in a large sphere of experience. The first chapter, containing introductory remarks on children's diseases, is replete with valuable suggestions. The chapters on headache are carefully worked up. He classifies them from their causes, as cerebral, gastric, epileptic, febrile, nervous and organic. These distinctions suggest appropriate treatment and have practical value.

In croup the author emphasizes the importance of the vapor bath, asserting that by this means "all cases, no matter at what stage, are invariably relieved," certainly no half-way endorsement of this therapeutical measure. He follows up the bath with tartar emetic and calomel; but not in the latter stages of the disease, when exhaustion has set in.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DEC. 6, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE ASSOCIATION OF GERMAN NATURALISTS AND PHYSICIANS.

This body held its forty-sixth annual reunion at Wiesbaden, toward the close of September. Its proceedings are always most interesting to the scientific world, as they touch on all branches of physical science, and touch on none that they do not enlighten. The founder of the Association was the eminent and erratic genius, OKEN, whose discoveries and speculations have not yet been exhausted by his successors. Friendly intercourse and scientific advancement were stated by him to be the objects of the annual meeting.

This year the assembly was opened by the venerable FRESENIUS, who, in his opening address, recalled the fact that twenty-one years before, at the same hour and in the same place, he had opened the meeting in 1852.

Of the papers read in the general meeting, one by Professor OSCAR SCHMIDT, of Strasburg, and one by Professor RUDOLPH VIRCHOW, attracted most attention. The former was on the theory of development applied to the human race. The speaker applied the Darwinian theories in their fullest extent to man. He denied the universality of the religious sentiment, and the discrimination of moral good and evil. Passing to language, he attacked Professor Max Müller, who believes the possession of linguistic radicals by man places an impassable barrier between him and brutes. The speaker claimed that the investigations of SCHLEICHER go far toward disproving this assertion, and that the origin of language can only be comprehended by the assumption of the development theory. Loud applause followed his address.

The paper of Professor VIRCHOW may be said to have been almost a continuation of this subject. VIRCHOW'S dislike of religious bigotry passes into a form of intolerance itself, and the learned scientist never neglects a chance to hurl his javelin at "the Church." So now his subject was "Natural Science as the Moral Educator of the Race."

He commenced by saying that his previous attacks on religion had raised "a great deal of bad blood," which convinced him that the subject needed discussion. The moral culture of man had, heretofore, in Europe, been left to the Church. The latter, however, only brought about a sort of outward decorum, an external obedience to the ten commandments and the laws, not a warm inner love of morality and truth, not a free moral autonomy in the mind itself. This was her great fault, and so obvious a one that nowadays even States, for their own protection, are taking the moral training of their youth from the clergy to place it in more efficient hands. Discussing the Conscience, he sketched with luminous and striking phrases its development from the lower self-seeking elements of nature. The diabolical part of man's nature is the necessity he is under of living by the destruction of other organic beings, by robbery, in the first intention. War is a necessary consequence of the intrinsic evil of man's nature, and will not disappear until the inner and

not the outer moral law has general acceptance.

The speaker then referred to religious illusions and delusions, to the late pilgrimages in France, and to the assumption which lies at the bottom of all religions, that man is the purpose of the universe, its highest organic creature. This narrow notion is reflected in national pride as well as national religions, especially in the English, as the Professor related from personal experience.

Finally, Faith, claimed exclusively by the churchmen (*die Kirchler*), is really the prerogative of the scientist. "We have faith, I say *faith*, that man is to progress to truth and light. For us, too, the contemplation of Truth is the highest happiness. I appeal to every naturalist before me, is he not happiest when he is learning?

"This learning, this progress toward truth, is our sweetest reward. We have faith in this continuous approach toward the recognition of truth, and we have a sign by which we can ever discern the student of nature, and that is, that he never tires in his unceasing search for the true, and that he at all times honors the *homo sapiens* above the *homo credulus*."

The tone and topics of these speakers (whose addresses we have translated freely from the *Allgemeine Medicinische Central-Zeitung*, for October) illustrate one prominent school of German thought, and that which just now prevails among her physicians and naturalists. The eagerness with which the most ultra views are accepted, almost without question, if they only suit this taste, is also manifest, and is not a good sign. To discard the religious sentiment as an educator of the race is a psychological blunder, regarded merely as a question of policy, and to seek to substitute in its place a scheme of morals, when any absolute standard of morals is straightly denied, is a logical contradiction which cannot be pardoned even in so eminent a man as VIRCHOW.

ON IRRESISTIBLE IMPULSE.

In his recently published work on *Insanity in its Relation to Crime*, Professor WILLIAM A. HAMMOND uses these words: "As regards 'irresistible impulse,' it is doubtful if it ever exists, even with the insane. That they have impulses which are *almost* irresistible is unquestionable," (p. 71).

How different this language is from this same gentleman's testimony when called *as an expert for the defence* on the celebrated murder trial of MacFarland, has been already set forth in a Western medical periodical. How far it is from the truth, the perhaps universal testimony of alienists must show. Griesinger's words, as quoted by Dr. Hammond, by no means justify the expression above quoted.

Some cases strongly illustrative of the opposite side have been reported by Professor A. VERGA in a lecture which is translated in part in the *Viertel jahrschift fur gerichtliche medicin*. His subject is *monomania blasphemica*, and he cites four cases where the principal and almost the only sign of alienation was an uncontrollable desire to use profane language, to curse and utter scandalous expressions about the saints and religious objects. All these persons were naturally of religious temperaments, one of them a priest, another a lady, a third an elderly gentleman who had a son a priest. In some of the cases this tendency progressed to positive insanity and death; in others it was cured by appropriate treatment.

In view of this peculiar symptom of mental disease, the lecturer reflected on the impropriety of the law passed in Germany in 1870, that any one convicted of blaspheming God in public, or insulting religious observances, should be punished by imprisonment not less than six months nor longer than one year.

The Professor closes his discussion by asking: "Can those individuals be believed who say they are impelled to use such ex-

pressions by a power they cannot resist? What reason have these unfortunates to tell an untruth about it? Why would they seek the aid of others, if they could control an impulse contrary to their nature and detestable to their own minds? Can physicians mean to defend the criminal classes by this doctrine of irresistible impulse? Are not the enemies of society just as much the enemies of the medical practitioners in society?"

These considerations, and many others that might be added, should lead us to exercise great caution in assuming that the actions of the insane can always be controlled by themselves. While Professor HAMMOND is undoubtedly right in demanding that criminals alleged insane should *be held* strictly liable, he unquestionably throws his opinion into too positive a form in the sentence we have quoted from his work.

NOTES AND COMMENTS.

Repeated Attacks of Scarlatina and Measles.

According to Dr. TROJANOWSKY, of Livland, six per cent. of those who survive an attack of scarlet fever have a second attack, and of measles seven per cent. When the first attack has been mild the second is usually severe, and *vice versa*. Several writers in the *Lancet* lately have given instances where a third attack of measles had occurred in their experience. We remember to have had personal knowledge of only one instance of a third attack of scarlatina.

Primitive Marriage.

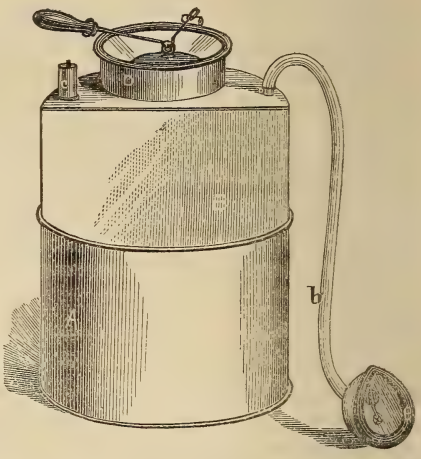
Sir JOHN LUBBOCK and others have maintained, on very inadequate grounds, that the primitive tribes of man had communal marriages. Lately Mr. C. S. WAKE, in a paper before the London Anthropological Society, showed that there is no direct evidence of the former existence of a general condition of promiscuous intercourse between the sexes, and that the indirect evidence arising from the practice of polyandry and exogamy, and the use of the classificatory system of relationship is insufficient to establish such a custom, the existence of which is inconsistent with the habit among primitive peoples of tracing descent from a common ancestor.

Dr. J. Hauke's Apparatus for Artificial Respiration.

This apparatus assists the mechanism of respiration; artificially promotes the completion of inspiration by the introduction of compressed air, and facilitates expiration by the introduction of rarefied air.

Besides, it can conveniently be employed as an inhaling apparatus, as the air which is to be inhaled can be medicated, and thus the inhalation facilitated by the mechanical effect of the apparatus.

The apparatus consists of a cylindrical tin



vessel (*A*), which is divided into two equal chambers, communicating from below; one of these chambers (the real air chamber *B*) is slightly higher, closed from above, upon which is attached a bellows (or air pump *D*); on each side of this bellows is a tube (*b* larger one), leading to the mask (*e*); the other (smaller one, *c*), connects with the bellows. When the vessel is filled with water, according to direction, air can either be compressed or rarefied at will. The mask, which is made of brass, in shape of a flat half shell, fits closely around the mouth and nose, and permits the patient to breathe from the apparatus or the atmosphere by means of an opening, at will. The most frequent application, thus far, of the apparatus, has been found in asthma, emphysema, and as a prophylactic in phthisis pulmonalis. —*From a pamphlet by Dr. J. Hauke, entitled "Ein Apparat fur Kunstliche Respiration und dessen Anwendung zu Heilzwecken. Wien*, 1873."

Fuchsin as an Antiseptic.

This anilin preparation is said by LAUJONNOIS, in the *Comptes Rendus*, to be a remarkably powerful antiseptic. One per cent. added to a solution of gelatine, not only preserved it, but a piece of fresh meat wrapped in paper soaked in this medicated gelatine solution kept for months without a sign of putrefaction. One forty thousandth part ($\frac{1}{40,000}$) added to urine, prevents it perfectly from decomposing. Such experiments merit careful repetition.

The Stethograph.

This instrument has been devised by Dr. F. RIEGEL for the graphic representation of the thoracic movements in respiration. The curves are marked by one end of a lever on a moving plate, the other end of the lever being in contact with the thoracic walls and moved by their motions. By the use of several such levers, the different motions of different parts of the walls can be represented at the same instant.

Child-bed Amaurosis.

That the sudden amaurotic blindness which occasionally attacks women in child-bed is a prodroma of eclampsia has long been taught, but is now questioned by Dr. F. WEBER, of Berlin. He quotes four cases, in only one of which convulsions supervened. As, however, he recommends the treatment of the amaurosis by large doses of bromide of potassium, this treatment, certainly a good one, may have been prophylactic of the eclampsia.

Chloral in Asthma.

Some cases of the value of this remedy in spasmodic asthma have recently been adduced by Dr. THEO. WILLIAMS, of London:

The first was that of a married woman, aged 23, who came from the Isle of Man, where, during the last nine months, she had suffered from asthma of so severe a character as to confine her to her bedroom for four months. Various remedies had been tried in vain. On her arrival in town, Dr. WILLIAMS did not at first pursue active treatment, hoping that the change of climate might give relief. The fit, however, coming on as usual, chloral was given in twenty-grain doses. After the first dose, she fell asleep for an hour; after the second, she slept a whole night; and a few more rendered her breathing quite clear. The drug was then omitted, and the patient remained free from asthma for more than a week. The second case was that of a lad, aged 16, who had been subject for six years to attacks occurring once a week and lasting three days. Chloral was given during a severe paroxysm, with the result of causing sleep and immediate relief to the breathing. He remained in the Brompton Hospital free from attacks, in spite of several threatenings of dyspnœa, which were always averted by the timely administration of chloral.

New Health Resorts.

Africa is coming into the lists with health resorts. Tangier and Magora, in Morocco, have been highly lauded in late English journals, and, at the other extremity of the continent, the Transvaal Republic. Of the latter, a medical resident writes:—

Numerous cases of phthisis, even after formation of vomicæ, have come to my knowledge, in which patients have derived almost marvelous benefit from residence in that part of South Africa, and its suitability for sufferers from this class of disease has been recognized by Dr. WALSHE in his well-known work on Diseases of the Lungs (1871), p. 637; and by Dr. SYMES THOMPSON at the meeting of the Royal Medical and Chirurgical Society, April 8th, 1873. It may, therefore, interest many of your readers to know that an attempt is being made to establish an Invalid and Convalescent Home at Bloemfontein, the capital of the Orange Free State.

Number of Physicians to Population.

Prussia has one physician for every 3200 inhabitants, Austria one in every 4355, Hungary one in 5492, while Russia has but one for 14,166 people. In the United States, according to the census of 1870, there is one "doctor" to about every 600 of population! Enough, one would think, to justify their being placed under some uniform national regulation.

Prodromic Stage of Chorea.

In a paper published by Dr. SCHMIDT, in *Memorabilien* (3 Heft, 1873), the author insists on the painful point felt somewhere along the spine, and which was always manifest in the numerous cases he has had under his care. The pain always preceded or accompanied the peculiar instantaneous movements of the body or extremities which

characterize the disease. Dr. SCHMIDT points out the value of this symptom as supporting the views of those who believe that chorea is a manifestation of alterations in the nervous centres, and especially of irritation of the spinal cord.

CORRESPONDENCE.

Yellow Fever.

EDS. MED. AND SURG. REPORTER:—

In an article on yellow fever, published in your journal a short time since, I advanced some opinions and made some statements, the result of observations and experience in that disease. I now offer some facts and figures of recent date in support of those views and position there taken.

(*From the news column of the New Orleans Christian Advocate, Oct.* 23, 1873.)

"YELLOW FEVER.—*Shreveport, Oct.* 18.—Total interments for the week ending to-night were fifty-nine, against seventy-two for the week previous; of these *twenty-one were blacks*, against *twenty-three* for the previous week.

"*Oct.* 21.—*Another frost this morning.* Very little change in the city proper, comparatively, except a few new cases are reported in the vicinity.

"*Memphis, Oct.* 21.—The reports to noon to-day are not favorable. There were twenty-four deaths from yellow fever and six from other causes. It is impossible to get anything reliable about the disease. New cases are occurring in isolated districts, and *frosts seem to have little effect in checking the disease.*"

The italics in the above are mine.

The above reports, substantiated by good authority, and corresponding exactly with those of the last month from all yellow fever localities, ought to explode at once and forever the yellow fever *fallacies*, that "*frosts kill the disease*," and "*black persons are not susceptible to its poison and will not have it.*" But here we have the proof, freshly presented to our view, of frosts occurring frequently for a month, and yet the disease rages, and *black people sickening* and *dying* all the time, as regularly as the whites. Not only the above facts, but the disease has within a few days commenced its ravages in towns in Texas, absolutely since the frosts. According to its epidemiological limit, it is time for its abatement in Shreveport and Memphis.

If frost had been necessary to arrest an epidemic of this kind, Cuba, all the West India Islands, and a large proportion of Tropical America would long since have been thoroughly depopulated.

The above fallacies and errors have been so long and often repeated, that the great public believe in them, and a large proportion of medical men accept them as facts, without a thought, reflection, or the least investigation. The above errors have become thoroughly popularized, and it is as hard to divest the mind of them, as the popular absurdity that in a drouth "we shall have rain when the moon changes." Health is sure to return to afflicted communities where they have frosts, and where they have none; and rain will come without reference to the action of the moon.

This disease will run its regular epidemic period. People will have it, "without regard to race, *color* or previous condition," and even grim-visaged Jack Frost cannot kill or scare it. MADISON MARSH, M. D.

Port Hudson, La.

Epidemic Dysentery.

EDS. MED. AND SURG. REPORTER:—

The months of August and September of this autumn will long be remembered by the people of this part of Ohio, for the general prevalence of the "Bloody Flux." There is scarcely a family for as much as from fifteen to twenty miles round our place that have not suffered more or less in some form or other from the affection. During the two months I visited and prescribed for not less than eighty cases; this number added to those attended by the other physicians of our town will swell the number to near *two hundred and fifty* cases occurring in this neighborhood alone within the sixty days. The symptoms were fully uniform, pain, want of appetite, fever, hot skin, tenesmus, bloody evacuations and thirst. As seen in one case being pretty conspicuously characteristic of the number entire.

As to the cause, there were many reasons given, each particular locality assigning different causes. At Lynchburg, twelve miles east of our place, some thought it to be due to the presence of a large distillery in operation there. Others again claimed it to be owing to some "Texas cattle," which are being "stall-fed" there. As for myself I would say that to my own mind the cause was not very apparent. Perhaps it is worthy of note to state that the days and nights were now and again remarkably cool for the time of year. Taking the disease as seen here as a type, the prognosis would be very favorable, as the fatalities did not exceed more than eight per centum of those attacked, while in other localities the death-rate was over twenty-five per centum.

Treatment.—The remedies relied on by us were castor oil sufficiently often to keep the bowels free, and opium or some of its preparations combined with tannin and bismuth were used to the exclusion of almost any other remedy. Those cases troubled with vomiting were very soon and effectually relieved by the application of mustard to the stomach and the administration of small and repeated doses of pepsin and bismuth. The foregoing medication, coupled with perfect rest, abstinence from liquids, a light but nourishing diet, formed the routine of treatment, by which satisfactory results were obtained.

Fayetteville, Ohio. J. M. HALL, M. D.

A Child-Mother—Extraordinary Case of Precocity.

EDS. MED. AND SURG. REPORTER:—

I was recently informed that a copper-colored negro girl, not twelve years old, of this (Grimes) county, gave birth, in the first week of last August, to a fully developed female child. There was some difficulty and delay in the parturition, but there was no mechanical assistance rendered. The mother and child have done well up to this time; lactation natural.

The mother and grandfather of the girl say she was about eleven and half years old when the child was born, and their testimony is corroborated by white persons who have known them several years. She has two older sisters, the eldest of whom would be considered young to have a child. The child was not weighed at birth, but the accoucheur says it was about seven and a half or eight pounds.

I can furnish further particulars, but think this is enough. I have never known or heard of such a young mother in this latitude.

Respectfully, A. R. KILPATRICK, M D.
Navasota, Grimes Co., Texas, Nov. 9th, 1873.

An Aged Pioneer Gone.

EDS. MED. AND SURG. REPORTER:—

Died, on the 29th of October just past, Margaret Kepple, relict of Jonathan Hiles. Deceased was born on the eleventh day of the April preceding the Declaration of Independence, and was consequently ninety-seven years, six months and eighteen days old.

The writer's father and Jonathan Hiles settled in Westmoreland, now Armstrong county, Pa., in the year 1801, where they and their families lived neighbors, for nearly the entire space of the nineteenth century. Mrs. Hiles was the last of the early settlers of these parts, and the oldest person in the neighborhood. A. D. BINKERD, M. D.
Parker's Landing, Pa.

NEWS AND MISCELLANY.

The Cholera.

Up to the close of October the cholera continued without much abatement in France, Holland, and Germany. The medical officer of the hospital at Havre says: It is estimated that there have been at most five hundred victims to this epidemic. The cases have been particularly remarkable for the rapidity of the symptoms and the short duration of the disease. I have seen sixty patients succumb, and with them the shortest duration of the disease was thirty-two hours. Among the cholera patients admitted to hospitals and treated, the mortality has been 50 per cent.; but in the town we estimate it has been higher.

Recent German journals state that at Munich, where several cases of cholera have occurred, the rooks and crows which flew about the steeples and through the trees of the public promenades have nearly all emigrated, and that the same thing happened during the cholera seasons of 1836 and 1864.

Is Cod Oil a Medicine?

The New York *Commercial Advertiser* says: "A New York firm imported 2700 gallons of cod liver oil, and entered it as fish oil, under the reciprocity treaty between England and the United States. It was claimed by the Custom House officials that cod liver oil when imported was a medicinal preparation, subject to a duty of 30 per cent. ad valorem, and an additional duty of 10 per cent. under section 6 of the act of July 6th, 1862, making the total duties $960 in gold. After eight years' delay, the attorney for the Government consented to a discontinuance under the rulings of the judge, though another suit is threatened.

The German Schools of Medicine.

The number of students in the Vienna Medical Faculty diminishes sadly from year to year. Since Oppolzer's and Skoda's death, the diminution is very marked. Where one could with difficulty get within ear-shot in days gone by, on account of the number attending, the wards now, it is stated, are almost empty. In Prague and Gratz, however, the attendance is unusually good.

Women as Doctors.

Miss SOPHIA JEX-BLAKE, the leader of the doctresses in England, indignantly disclaims, in a letter to the *Lancet*, that she has any desire to practice on the male sex. Her words are:—

"You remark that 'none of the female aspirants to medical practice have ever been known to hesitate to practice the art of medicine and surgery on men.' Had my paper at Norwich been more fully reported, you would have found in it these words: 'It is for the medical practice of women among their own sex, *and for this alone*, that I plead.' So far as I am aware, none of the four ladies now practicing in England are in the habit of attending male patients; nor have I, nor, as I believe, any of my fellow-students at Edinburgh, any such idea."

The Amazon Tribes.

The Peruvian Amazon Exploring Commission lately issued a report, from which we find that malarious fever is prevalent on both banks of the mighty river, causing a large mortality among the native population. Adults and children are given up to the filthy habit of geophagy, or dirt eating, a practice productive of innumerable physical evils. It is common to find on the Amazon children of three years of age smoking, and "not averse to rum." Alto-

gether, the natives appear to be sunk in an abyss of moral filth and depravity from which nothing but a strong tide of European immigration can lift them.

Philadelphia County Medical Society.

The next conversational meeting of the Philadelphia County Medical Society will be held Wednesday, Dec. 10th, 1873, at 8 o'clock P. M., at the hall of the College of Physicians.

All regular practitioners of medicine in the city are cordially invited to attend these meetings.

The subject before the next meeting will be: "The Use of Alcohol Medicinally and Socially."

The introductory paper will be read by Dr. George Kerr.

—Dr. F. Crace Calvert, well-known for his researches on carbolic acid and other disinfectants, died on the 24th of October, at his residence, Clayton-vale, Newtonheath, Manchester. He was seized with typhoid fever during a visit to the Vienna Exhibition last July, and his condition was aggravated by ulceration of the lungs, which was the cause of death. He was Professor of Chemistry at the Manchester Royal Institution. As an analytical chemist, Dr. Calvert has long had a more immediate professional connection with Manchester, but his research has made him known to scientific men throughout the world. His doctor's degree was sent him by the late Baron Liebig.

—Dr. Charles Webner, the Superintendent of the German Hospital in Newark, died November 18th, aged forty-six years. He was born in Bonn, Prussia, in 1827, and has been in charge of the hospital since its opening, on Christmas, 1870.

—The Memphis papers of the 7th report the death of the veteran Dr. A. P. Merrill, at New York, formerly of Natchez, and subsequently long a resident of Memphis, where he was considered the father of the city schools.

—Dr. William Murray, associate editor of the *British Medical Journal*, and one of the most promising physicians of England, died recently at the early age of twenty-nine, chiefly, it is said, from overwork and intense application.

QUERIES AND REPLIES.

"Christ's Eye."

(Reporter, vol. xxix, p. 378).

Messrs. Editors:—The botanical name of the plant commonly called "Christ's Eye," is *Inula Chrysopsis*, also *Inula Oculus Christi;* so called, says Nuttall, in his *Flora of North America*, from the color of the flower. Its medical virtues are similar to those of Elecampane, Inula Helenium.

Botanist.

Babcock's Supporters.

Two for sale. Address A. J. K., this office.

When Vaccination Fails.

"What would you advise a physician to do, on whom repeated and thorough vaccinations have not had, and will not have any effect, in order to protect himself from small-pox?"

Reply.—We would advise recourse to the genuine kine-pox virus.

OBITUARY.

Dr. JAMES E. MITCHELL.

The Medical and Chirurgical Faculty of Maryland met in special session November 11th, for the purpose of taking suitable action in reference to the death of the late Dr. James E. Mitchell. In the absence of the President and Vice-President, Dr. John Morris was called to the chair, and Drs. Frank Donaldson, Christopher Johnston and J. Gilman were appointed a committee to draft resolutions. The committee reported the following, which was unanimously adopted:—

Resolved, That this Faculty have heard with deep regret of the death of Dr. James E. Mitchell, and this Faculty appreciates the high, manly and professional qualities of our deceased brother, and lament his death.

MARRIAGES.

Chapin—Bull.—On November 12th, at Brattleboro, Vt., by Rev. A. Huntingdon Clapp, D.D., of New York, assisted by Rev. N. Mighill, of Brattleboro, Edward R. Chapin, M. D., of Flatbush, N. Y., and Mrs. Sarah G. Bull, daughter of the late Col. Joseph Goodhue, of Brattleboro.

Fenno—Hunt.—In Waltham, Mass., October 30th, by Rev. Mr. Fales, Miss Nina M., daughter of Dr. O. E. Hunt, of Waltham, and Mr. J. Arthur Fenno, of Boston.

Grafly—Knorr.—In this city, on the 13th inst., at St. John's P. E. Church, by the Rev. Charles Logan, assisted by Rev. G. A. Crook, D. Webster Grafly and Kate K., daughter of John K. Knorr, M. D.

Klapp — Ingraham. — September 3d, Joseph Klapp, Jr., son of Dr. Joseph Klapp, of this city, and Carrie Ingraham, of Mississippi, daughter of the late Rev. J. H. Ingraham.

Smith—McPhail.—On November 19th, at the residence of the bride's mother, by Rev. David Inglis, Wm. Chandler Smith and M. Louise, daughter of the late Dr. L. C. McPhail, all of Brooklyn.

Van Tries—Milligan.—At Newport, Perry county, Pa., on the 5th inst., by the Rev. J. Lynn Milligan, assisted by the Rev. A. C. Titus, Thomas C. Van Tries, M. D., of Pennsylvania Furnace, Huntingdon county, Pa., and Jennie M. Milligan, of Newport.

DEATHS.

Lewis.—In Pittsburgh, on Sabbath morning, November 9th, 1873, Dr. D. W. Lewis, of the Nineteenth ward, in the fifty-first year of his age.

Maybury.—In this city, November 20th, Dr. William Maybury, in the 58th year of his age.

Mitchell.—On the 17th inst., in Brooklyn, N. Y., Frances E., wife of Dr. C. L. Mitchell.

Palmer.—In Brooklyn, November 14th, David Palmer, M. D., aged 83 years.

Snead.—Dr. Albert Snead, a prominent physician of Richmond, Va., died in that city recently.

Waters.—In Covington, Ky., on the 5th inst., at the residence of her parents, after a lingering illness, Mrs. Minora J. Waters, eldest daughter of Dr. D. W. Roudebush, aged 25 years.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 876.] PHILADELPHIA, DEC. 13, 1873. [Vol. XXIX.—No. 24.

Original Department.

Lecture.

CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Lecturer on Clinical Medicine in the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

Diagnosis and Treatment of Mitral Obstruction.

Gentlemen:—At the last lecture we were engaged in considering the lesions of the aortic valve; leaving this subject I will next direct your attention to diseases of the mitral valve. This valve is composed of two leaflets, which are brought together, so as to close the left auriculo-ventricular orifice, at each systole of the heart, while during the diastole they are folded backward, allowing the blood to flow freely into the left ventricle.

Mitral lesions are in many respects the most important of all cardiac affections, for when this valve is unsound a vigorous arterial circulation is impossible, and, at the same time, most serious consequences are entailed upon the organs situated behind the heart, as for instance the lungs; you have also seen that in aortic disease no effect is produced upon the general circulation until after the mitral valve has become implicated.

In the majority of instances mitral disease is caused by acute rheumatic inflammation, and originates in early life. This rule, however, is not without exceptions, as its onset is often gradual, depending upon chronic structural change. The results of acute or chronic inflammation affecting the tissue of the valve are various. In some cases the valve is prevented from closing completely by the growth of vegetations on its edges; in others the leaflets become thickened and contracted, so that they no longer cover their proper proportion of the orifice; and finally the leaflets and chordæ tendineæ may be blended together, forming a sort of funnel with a narrow opening, projecting into the cavity of the ventricle. The first two alterations give rise to valvular insufficiency with regurgitation, while the last condition produces stenosis and retards the passage of the blood from the left auricle.

The murmurs produced by these changes are either most intense at the apex or over the body of the heart below the position of the valve; from here they are transmitted into the left axilla, and around to the angle of the left scapula, but are not carried upward into the arteries of the neck, and are usually heard but feebly at the xyphoid cartilage. As regards time, they may be systolic or presystolic.

A systolic murmur occurs synchronously with the first sound, the apex beat and the carotid pulse, shortly before the radial pulse and after the long silence which comes between the end of the second and the beginning of the first cardiac sound. When presystolic the murmur precedes the apex beat and carotid pulse, but follows the second sound, beginning during the long silence and extending up to the commencement of the first sound of the heart. The reason that it is not heard during the whole of the long silence is because the blood at first flows passively from the auricle, and continues to do so until it fills the ventricle to a certain point, after

which resistance is offered to the further passage of the blood, and an active effort is required on the part of the left auricle for its propulsion. Now it is usually only at this period, when the ventricle is nearly filled, or, in other words, toward the end of the diastole, that the blood is driven with enough force to produce a murmur, if there is any roughness or obstruction at the auriculo-ventricular opening. In some cases of extreme mitral obstruction, however, the murmur may occupy almost the whole presystolic period.

Mitral stenosis produces a murmur which is presystolic or, as it may more properly be called, auriculo-systolic in time; it is peculiar, also, in being more localized than any other organic murmur, in being long, low and churning in character, and usually accompanied by a thrill. With these preliminary remarks I will proceed to the investigation of mitral obstruction, and in order to illustrate this condition I have brought before you a patient in which it exists to a marked degree; his history is as follows:—James ——, 17 years of age; is not aware of ever having had acute rheumatism, or inflammation about the chest, and states that he enjoyed good health until five years ago, when he began to have shortness of breath and palpitation of the heart on exertion. These symptoms steadily increased and were subject to exacerbations, which were most severe after exposure to changes in the weather; at such times he also had cough, attended with the expectoration of frothy mucus, which on several occasions was mixed with blood. He frequently had epistaxis, and eight months ago, just before coming into the hospital, he had an attack of hæmoptysis, in which he lost a considerable quantity of blood. He has never had general dropsy or œdema of the feet. At present, though well grown for his age, his muscular system is rather poorly developed, and his general strength below the average. On examining the chest, decided projection of the lower portion of the sternum and of the infra-mammary regions is observed, giving him the appearance of being chicken-breasted. The apex beat of the heart is situated at the upper border of the sixth rib, three quarters of an inch inside of the vertical line of the left nipple; it is rather more heaving and extended than in health, slight pulsation being visible as high up as the fourth interspace. When the hand is placed on the precordia, in addition to the extended impulse, a distinct thrill is felt between the fifth and sixth ribs; this begins just before, and terminates in, the apex beat, and is most intense over the apex of the heart. The area of cardiac dulness is somewhat increased, extending from the lower border of the third to the upper border of the sixth rib, and from a short distance to the right of the mesial line of the sternum to half an inch inside of the left nipple. On auscultation, a low, coarse, single presystolic murmur can be detected at the apex; from this position it is transmitted one inch and a half to the left, and for a short distance upward over the body of the heart; at the angle of the left scapula posteriorly it can be heard faintly, but is inaudible in the axilla; at the pulmonary and aortic cartilages no abnormal sound can be distinguished. There is some intensification of the second pulmonary sound.

Mitral obstruction, though not so frequently met with as mitral regurgitation, is much more common than you would be led to suppose from the statements made by many authors who have written upon cardiac diseases. It is a chronic affection, and usually originates insidiously in early childhood, while in certain rare cases there is reason to believe that its existence dates to an attack of endocarditis during intra-uterine life. Contraction of the mitral orifice produces extensive dilatation, with slight hypertrophy of the left auricle, followed ultimately by engorgement of the lungs, distention of the right cavities of the heart, obstruction to the systemic venous circulation, and congestion of all the abdominal viscera. The group of symptoms resulting from these alterations comprises palpitation of the heart; dyspnœa; obstinate cough occurring from slight causes, and occasionally accompanied by hæmoptysis, or, if the engorgement of the lungs is excessive, by pulmonary apoplexy; epistaxis; fulness and congestion of the face, and lividity of the hands; dropsy of the lower extremities, and the various manifestations of impeded circulation in the liver, kidneys, stomach and intestines. These latter evidences of general venous congestion may be postponed for a long time, until the cardiac and pulmonary changes are far advanced.

The prognosis as regards duration of life is favorable, the patient living in comfort so long as the power of the left ventricle can be maintained, and the engorgement of the

lungs kept under control. There is no possibility, however, of effecting a cure. Death hardly ever takes place suddenly.

In treating mitral obstruction, we must endeavor to preserve the tonicity of the muscular fibres of the heart, to prevent too rapid and excited contractions of the left ventricle, and to overcome the tendency to pulmonary embarrassment. Digitalis fulfills the first indication better than any other drug, and it is important for you to remember that not only in this disease, but whenever you find the cavities of the heart subjected to a continuous overstrain, digitalis is the remedy to be employed. The dose for an adult is ten drops of a good tincture, and for a child over ten years of age five or six drops, repeated in each instance four times daily; it should be used steadily and not merely as a palliative when there is palpitation.

Quinia, strychnia and arsenic stand next to this medicine in their power of promoting healthy action of the heart, and together with iron may be used from time to time in addition to digitalis, as they all tend to improve nutrition and maintain the tone of the muscular system.

When the contractions of the left ventricle become frequent and excited, tincture of aconite or fluid extract of veratrum viride should be given, the proper dose of either of which, for an adult, is three drops three or four times a day, which may be cautiously increased. Belladonna may also be employed under these circumstances, either in the form of a plaster applied over the region of the heart or administered internally.

Pulmonary congestion is prevented by keeping up the circulation of the skin by sufficient clothing and moderate exercise. The diet should be plain and unstimulating, and care should be taken to avoid all excitement and over-fatigue, as well as undue exposure to atmospheric changes. Finally, if torpor of the liver, or any functional disturbance of the abdominal organs is present, it must be immediately remedied.

If the lungs have become engorged we may use, according to the condition of the patient, wet or dry cups, with alkaline and stimulating expectorants, such as muriate of ammonia, carbonate of potassa, squills, etc. When there is hæmoptysis the combined employment of ergot and digitalis will be followed by marked relief.

Communications.

CASES AND OBSERVATIONS.

BY RALPH S. GOODWIN,
Of Thomaston, Conn.

Colloid Cancer of the Stomach and Omentum.

Case I. — Mr. H., a thin, spare man, weight 140, age about 50, was out of health for 18 months previous to death. A distinct tumor appeared in the abdomen a little to the right of the median line, and below the liver, eight months before death. The symptoms of this case were gradual loss of strength, sallowness of the complexion, failure of the appetite, progressive emaciation, and occasional slight nausea, but no vomiting. There was no pain over the seat of the tumor throughout the whole sickness. The tenderness was not great. The growth increased rapidly in size during the last three months, and was of a rounded, irregular shape. The countenance assumed a pale, cadaveric hue, the bowels were torpid, but not entirely inactive. The patient had a slight hacking cough. He was confined to his bed for about one month previous to death. He took no nourishment of any kind during the last week, and died from inanition. The emaciation proceeded to an extreme degree. The diagnosis of this case, during the first ten months of ill health, was very obscure. Loss of strength and failing appetite were at first the sum total of all the symptoms. Even after the tumor had appeared and attained considerable size, no inconvenience was experienced from it, except what was due to its size and weight.

Post-mortem Appearances. — On laying open the abdomen there was seen, lying in the place of the omentum, a large, jelly-like mass, enveloped in delicate, semi-transparent cells, nearly as large as a hazel nut. This mass, weighing nearly two pounds, was easily scooped out by the hands.

The tumor itself was then brought into view, surrounding two-thirds of the stomach, and including that viscus within its interior. It surrounded also the colon to a considerable extent, and extended in all directions in the cavity of the peritoneum. This mass was as large as an adult head, of a dull white color, and of more consistence than the jelly-like substance into which the omentum had been transformed. It offered some resistance to the knife in cutting.

At various points in this growth could be seen cells or cysts filled with the same pale-yellow jelly as in the omentum. The distance through the walls of the tumor into the stomach was about three inches. The cavity was filled with a dark-colored, fœtid, grumous liquid. This being removed, the interior of the cavity presented on its walls a honey-combed appearance, and the structure of the stomach proper was entirely obliterated by the heterologous growth. Masses of the same kind of material were found infiltrated in the liver. The mesenteric and meso-colic glands were also involved. It was estimated that the entire mass of diseased growth weighed about twenty pounds. There was very little vascularity in or about the tumor. Ramifications of blood-vessels throughout the growth were notably few and insignificant in size.

The patient, previous to his last sickness, had been for several years subject to repeated attacks of chronic diarrhœa. Aside from this, his antecedent history gives no clue to the cause of his disease. Cancer was not hereditary in his family.

The clinical history and *post-mortem* appearances of this case point unquestionably to its malignant character. The jelly-like masses inclosed in cysts, indicate the colloid variety of cancer, a somewhat rare form. The chief points of interest are the extreme difficulty of diagnosis in such cases, the remarkable absence of pain and tenderness throughout the whole sickness, the absence of vomiting with such an enormous mass surrounding the stomach, and the obscure origin and pathological nature of such a growth.

Epilepsy Induced by a Foreign Substance in the Ear.

CASE II.—Mr. J., aged 22, while cleaning his ear with a broken piece of needle, lost his hold of it, and it escaped into the meatus out of sight. After an ineffectual attempt to remove it, he abandoned the effort, and felt no further inconvenience from it for several months, except an occasional slight pain in the region of the ear.

He was then suddenly seized with a severe paroxysm of epilepsy, succeeded by several subsequent attacks. He, however, recovered from these attacks under the influence of bromide of potassium and the nitrate of silver. Two months later the broken piece of needle made its appearance through the skin on the upper and back part of the neck, about opposite the middle of the inferior curved line on the occipital bone. It was easily removed by the forceps, and was imbedded deeply in the tissues, in a direction vertical to the surface. It was a little over an inch in length, and is now in my possession. The fact that it was carelessly dropped into the ear is corroborated by the testimony of several witnesses who assisted in the effort to extricate it. The young man has never had an attack of epilepsy since—a period of two years—and had never had one previous to the accident. His hearing is not notably impaired. What route the broken needle took, and in what manner it induced epilepsy, is an interesting subject for speculation. It is also quite remarkable that the organ of hearing was left unimpaired.

TYPHOID FEVER—BRIEF VIEWS OF LESIONS AND TREATMENT.

BY DR. F. S. NEWLIN,
Of Karthaus, Pa.

There are certain general features belonging to all fevers, as chill or rigor, followed by increase of heart's action, increase of heat, etc. The chill or rigor, undoubtedly originates in some impression of a depressing character upon the nerves, most probably upon the great sympathetic and vagus nerves. The diminution of vital nerve-force is followed by increased action of the heart, inducing an increased metamorphosis of the carbonized and nitrogenized material of the blood and tissues, producing increased diminution of carbonic acid gas, by the lungs, and of urea and uric acid by the kidneys and other excretory organs; the balance between the tissue metamorphosis and the excretion of effete material, is not, however, always preserved, and the albuminoid material thrown into the circulation by the rapid tissue disintegration, both prevents due oxidation of the blood in the lungs, and acts as a peccant matter upon the nervous centres, obstructs the capillaries, and induces that condition known as typhoid. The impression upon the nerves may arise from poisonous matter introduced into the circulation from without, or from matter generated within the circulation itself, or the impression may have a local origin from a wound or injury; once the impression is made the depressing influence applied to the nerves controlling the circulating organs, increased heart's action follows, and increased

heat from increased respiration and increased tissue change. Typhoid fever presents, however, distinctive elements that characterize and separate it from other fevers. It has its rose colored spots and sudamina, that cause it to be classed with exanthemata or eruptive fevers, but its most distinctive features are its bowel lesion, its inflammation, ulceration or sloughing of the solitary and agminate glands of the lower portion of the ilium, and extending into the cœcum. Of the functions of these glands involved in typhoid or enteric fever, two views have been entertained; one that their functions are eliminatory, their peculiar secretion accumulating within the glands, which burst at maturity and discharge their contents into the intestine; the other view is that the glands are absorbent, and take up from the chyle their appropriate material. There are several who adopt this view of their absorbent nature, and furthermore suppose that their closer aggregation at the end of the ilium is due to nature's provision for the retention of the chyle at that point, in contact with the greater number of absorbent mouths, by the delaying action of the sphincter ilei.

There are some who maintain that it is right to lock up the bowels and keep them locked up, in typhoid fever, while others maintain that the looseness of the bowels present in most cases of typhoid fever is an effort of nature to throw off by these intestinal evacuations the sloughs and irritant poisons that aggravate the disease by being retained in contact with these glands. The latter views I think to be the most rational, not that I advocate the utility of an exhausting diarrhœa, but I object to the locking process. I furthermore think that cases in which these sloughs are retained in the bowel are more liable to hemorrhage and perforation, the result of the secondary lesion from inoculation by the retained sloughs causing deeper ulcerations of the bowel; but as catharsis in this disease is a delicate operation, easily started but controlled with difficulty, great caution should be exercised in the use of cathartics, and although I coincide with the opposition of the locking process and keeping locked, yet I hold the view that looseness, whether the result of the disease or the action of medicine, is a weakening process, and should be restrained within due bounds in the treatment of fevers; there are certain general remedies applicable in all forms, and special remedies adapted to each disease, and calculated to meet their individual aberrations from health.

If I am called in early to see a case of typhoid fever in its forming stage, I generally prescribe the following, and believe that the disease is generally cut short, or much milder than cases that I did not see in the commencement. To give the medicine a fair trial, for an adult I prescribe:

℞.	Quiniæ sulph.	grs.x.
	Gelsemin.	" iij.
	Podophylin.	" iij.
	Ferri ferrocyanidi	" x. M.

Chart, No. 4. One every four hours. If this does not break it up, I commence general treatment; sponging and the bath to reduce febrile heat are general remedies, applicable in nearly all pyrexias, and suitable stimulants and food for sustaining the heart's action are also general remedies. Among most practitioners alcoholic stimulants are preferred as best sustaining the heart's action, by their absorption into the circulation directly reaching the nervous centres, and also for furnishing carbonized material to the blood for lung combustion, thus sparing the fat and tissues of the body, and further for their stimulant action upon the blood-vessels, helping to prevent or overcome capillary obstruction and stasis. Turpentine is also a valuable stimulant, especially with regard to preventing and overcoming capillary obstruction, but it is so valuable as an eliminating diuretic, as well as an anti-spasmodic, relieving the irregular contractions of the bowels, and attendant pains, that its stimulant power is often overlooked.

Appropriate food is another general remedy; in the choice of diet three things are to be kept in view; first, the powers of digestion are enfeebled; we must, therefore, choose nutriment easy of digestion. Next the blood is loaded with albuminoid material from tissue degeneration, therefore the diet should not be too highly nitrogenized, lest we add to the offending material in circulation, and increase the labors of the secretory organs. Third, the bowels are sore and irritable, therefore the food should be bland; and again, the ileo-cœcal sphincter is ordinarily in an irritable or inflamed condition, and the opening from the ilium into the cœcum narrowed, therefore the diet should be fluid. Therefore milk commends itself

as a highly valuable article of diet, being fluid, easy of digestion, and not too highly nitrogenized. Latterly glycerine has been introduced to the British professional public as a valuable article in the treatment of typhoid fever. It commends itself as being nutritious, bland, antiseptic, alterative, containing no nitrogen, and preserving its fluidity throughout the process of digestion. I can add my testimony to its value, having used it with advantage in my own practice. In typhoid as in other fevers eliminatory remedies, as cathartics, diuretics, sudorifics, etc., have their uses; cathartics, as I have already remarked, should be used with great caution in typhoid fever, owing to the predisposition to diarrhœa already existing in most cases of the disease. Diuretics are of great value; turpentine holds in my estimation the highest place, not only possessing diuretic properties of a high order, but controlling the pain and irregular spasmodic action of the bowels, preventing and overcoming capillary engorgement and stasis. Conjoined with the above remedial agents I make use of chlorate of potash and chlorine, for their known action in exciting secretion, keeping the tongue and mouth moist and free from sordes, thereby relieving thirst, promoting the patient's comfort and facilitating the act of swallowing, also for the well known disinfecting properties of chlorine and its destructive influence upon the lower forms of vegetable and animal life. I will here introduce a favorite formula that I have used with success in the treatment of typhoid fever:—

℞	Chlorate of potash	ʒj.
	Hydrochloric Acid	♏x.
	Distilled water	ʒiij.
	Shake and add	
	Glycerine	ʒv.

Keep in the dark. Dose for an adult, one each day, every two, three or four hours, with the following:—

℞	Quiniæ sulph.	grs. x.
	Ferri ferrocyani.	" x.

Triturate and form.

Chart No. 10. One every four or six hours throughout the disease, with sponging, beef tea as prepared by Liebig, extract meat, with milk punch, combining food and stimulant. I have not only conducted cases with comparative comfort to the patient to a successful termination, but have thought that the period of the pyrexia has been shortened. The course of treatment I have adopted and found satisfactory is as follows: Should the diagnosis be typhoid fever, the treatment is begun by a warm bath or sponging of the surface, followed by

℞	Quiniæ sulph.	grs. x.	
	Ferri ferrocyani.	" x.	
	Gelsemin	" iij.	
	Podophyllin	" iij.	M.

Chart No. 4. Dose, one chart every four hours, and immediately after the last chart is given the patient is put upon the use of the glycerine and chlorine mixture, and a strictly fluid diet generally: beef tea and milk. Should pain in the bowels supervene, turpentine, 10 or 15-drop doses, in mucilage of gum acacia, or dropped on sugar, at short intervals; and poultices are applied to the abdomen, with a little turpentine mixed in the poultices, until relief is afforded. Turpentine is also given in the same doses as an eliminatory diuretic, especially when the urine is scanty and micturition difficult or painful. When stimulation becomes necessary, it is carried out by means of milk punch, combining the alcoholic with the nutritient. Stimulation is deemed necessary as soon as the fur upon the tongue assumes a brownish cast, or the pulse loses its volume, or low delirium appears. The bath or sponging, to reduce the febrile heat, is continued throughout the treatment, and used whenever the febrile heat is excessive.

Under this treatment, strictly followed out, the cases seldom assume a severe type. The pyrexia is commonly restrained within moderate limit; the tongue and mouth remain moist; the teeth and lips free from sordes; the diarrhœa is seldom excessive; hemorrhage from the bowels is rare; convalescence often commences in 12 or 14 days from the onset of the disease, and seldom later than the fourth week. Of course, remedies are used to restrain excessive diarrhœa and to produce sleep when wakefulness disturbs the patient. I prefer lupulin and Dover's pulv. combined, to give rest, as it does not lock the secretions as much as Dover's pulv. alone.

Soluble Cream of Tartar.

The *Pharmacopœia Germanica* has on that preparation the following directions: *Tartarus boraxatus s. Kali tartaricum boraxatum s. Cremor tartari solubilis.* Borax, 2 p.; distilled water, 20 p. Dissolve and add 5 p. purified cream of tartar. Agitate to dissolve, filter, evaporate to dryness, and powder.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

November 14th.

Pelvic Hæmatocele and Sub-serous Fibroid.

Gentlemen:—The patient before us says that four months ago she complained of severe pain in abdomen, with pains over the whole body. She came under observation at that time, though she had been seen before, and she was found to have a sub-serous fibroid tumor. What she does not say anything about, and what she did not know of, was the development of a large tumor in the abdomen as hard as my head. Now it was found when this tumor made its appearance, that both uterus and uterine tumor disappeared in the mass. During the month of last July it was beginning to be absorbed, and now it is gone, but the fibroid has again made its appearance. The important question is what was it. It was a case of pelvic hæmatocele which has passed through the ordinary course of absorption. The patient has been sterile, as is usually the case with patients having a uterine fibroid. The tumor dragging on the organ changes, in all probability, the canal of the cervix. As regards treatment, I have no confidence in the world in the beneficial use of drugs to reduce the growth. But there are those who think that the bromide of ammonium or potassium will cause absorption. Now if such an observer had met this case of hæmatocele, and not made out its character, he would have sworn to his grandchildren that he reduced a tumor from the size of his head down to that of a goose egg.

Fibroid of Cervix Resembling Chronic Inversion—Removal by Operation.

I have a patient ready to bring before you that presents a condition rather rare. I have only seen two cases of it before this. The history is, Mrs. R., æt. 30, widow. Has one child. Since last July has suffered from hemorrhage from the uterus. She was seen first by Dr. Vermilye, connected with this clinic, and he thought at first that it was chronic inversion of the uterus. There was no cervix, but on one side of this mass he discovered an opening which allowed a probe to enter and pass to the fundus of the uterus, which was in position. This is not a polypus springing from the uterine cavity, but a fibrous prolongation of a part of the cervix.

(Dr. Thomas here brought in the patient under an anæsthetic and presented her to the class. Projecting from the labiæ was a mass about the size of the uterus. Dr. T. demonstrated the os by means of the sound. It had the appearance of a little pocket at one side of the base of pedicle of the mass. He said this was just a case where the galvano-cautery was indicated, but there was not one in order convenient. And instead of the galvano-cautery he would try the ecraseur. To guard against hemorrhage he put a ligature through the pedicle, first cutting a groove to imbed it and prevent slipping off. He then tied and left a bow, so that it could be tightened in case bleeding took place afterwards. The ecraseur was then applied to the root of the mass and slowly tightened, so, as far as possible, to guard against bleeding. During the operation the tissue was so dense that six threads of the screw of the ecraseur broke, though the chain itself stood the pressure. By re-adjusting the instrument and continuing, the whole mass was eventually removed. A tampon consisting of pieces of cotton saturated with a solution of persulphate of iron, one part of the officinal solution and three of water, was closely packed around the cervix, and the patient removed.

Procidentia Uteri in the Virgin.

M. G., æt. 28., married. One child, sixteen months old. Has been married seven years. When patient was seventeen years old, and before she was married, found, upon lifting a boiler of coffee, that something appeared to give away inside, and since that her womb has been in the habit of coming out.

Vaginal Examination.—Uterus in a state of prolapse, the cervix and part of body appearing just outside the labiæ. When it is reduced the measurement is three inches, but when it is outside, the measurement is five inches.

It is rather strange to meet a case of prolapse of the womb in a girl of seventeen, and a virgin, but they do take place.

The cause of difference of measurement is due to a kind of telescoping which takes place in the tissue of the uterus. Once in hospital quite a difference of opinion took place, from not considering this fact. The house physician measured the organ and found it to be six inches; when the visiting physician came he replaced it and found it to be three inches. This was only amicably settled by both being present, and finding the cause of disagreement.

In talking of the cause of this or any other displacement, any force from above will give rise to it, and this as we see, even in a virgin of seventeen. Again any force from below will cause it, as we have just seen in the patient operated on for tumor of the cervix.

Increase of weight from subinvolution or other causes, is a most common source of this affection.

There has been described what has been called the bed disease. It is merely this, that women without any disease proper contract the habit of remaining nearly constantly in bed; this results in relaxation of all the tissues of the body, and especially is it found in the broad ligaments, which, from their relaxation allow of the descent of the womb.

Treatment.—If this patient before us had

had the uterus replaced when she received the injury, there would have been but little trouble, but now the supports have lost their power. When the disease is of long standing the treatment is rather discouraging. The operation is to remove a portion of the anterior vaginal wall, and lessen the calibre of the vagina, and add to the support of the organ. As far as pessaries are concerned, I use with best results Cutter's modification, with instruction to the patient to take it out at night and replace it in the morning. However, any variety of treatment is not wholly satisfactory.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE, OCTOBER 6th, 1873.

(Report from Section on Skin Diseases.)

A Case of Cheloid Simulating Molluscum Fibrosum, with Illustrations.

BY H. CUNDELL JULER, M. D.

Reported by J. W. Hadlock, M. D.

In performing a duty imposed upon me by the Academy of Medicine of Cincinnati, I proceed to a description of a very remarkable, although in this country by no means a unique case, of hypertrophic disease of the skin, occurring in a patient residing in the Cincinnati Hospital, June 24th, 1873. James Bell, a negro, the subject of this sketch, aged 43 years, unmarried, was born of slave parents, in the State of Tennessee. He appears to be well nourished and well developed, and states that his health has always been excellent. He was raised as a waiting boy in the service of a family in Penala county, Mississippi, and was always treated by his master with great kindness, being well fed and comfortably bedded. He never received corporeal punishment. He never had any venereal affection. His mother, sister and two brothers are still living. He believes that his sister had a swelling in the form of "snakes," that extended from her neck to her face, but he never saw a person affected similarly to himself. He believes that a spell has been put upon him, and states, colored doctors who had examined him and counted over fifty tumors under his clothes, had told him that somebody had put a turtle upon him. He has suffered from the present disease for thirty years, it having first appeared when about ten years of age, in a cicatrix following an abscess, in front of the lobule of the left ear. As the tumor increased in size, other integumentary sessile growths made their appearance upon different parts of the body, many of which slowly developed into pedunculated excrescences. The tumors are now present in all stages of growth, varying in size from a coriander seed to a mushroom in expansion, measuring several inches in diameter. They are of a lighter color than the surrounding skin, becoming lighter by age. They are either distinct, grouped together or several of them have coalesced. Manipulation gives rise to no uneasiness. The maple tree wart-like excrescences stand out so sharply defined upon the surface of the skin, that an observer might at first sight suppose that the excrescences were adhering temporarily to the part of the body struck by them. The skin between the elevations is healthy; there are, however, some pigmentary streaks traversing the skin, covering the serratus magnus, that may or may not be the result of former floggings with a whip. Usually he is free from pain, but occasionally, especially in the day time, he experiences pain in these tumors of a darting, cutting or tearing character. He attributes the pain which he has had in the head to the tumor upon the left side of the face, which has been twice extirpated, and now has its flattened surface covered by leprous scales, to which I shall again allude. The large excrescences upon the jaws and neck give trouble only by their sense of weight. His sleep is disturbed by the uncomfortable interference of the tumors with his rest. He objects to the tumors being pricked, although when a puncture by a needle is allowed it causes scarcely any pain. He complains most dolefully of an intolerable incessant itching of the skin, which, although endurable in cold weather, becomes incessant and exciting in the months of July and August. To use his own expression, "it drives him crazy." The bath affords him some alleviation. While under examination he scarcely moves from the position in which he is placed. His mind seems under a cloud, but when aroused by conversation questions are answered in an intelligent manner. He has a demure and subdued demeanor, his eyes are downcast, and an expression of melancholy shades his countenance; the deadening conviction that he is under the power of some supernatural agency converts the natural vivacity peculiar to his race to a "deathlike silence and a dread repose."

The hypertrophic disease called cheloid, when of recent formation, has been found in similar instances to consist of numerous bands of connective tissue, arising as spindle-shaped cells along the walls of the blood vessels of the corium, and developing as wedge-shaped prolongations of parallel fibrous bands, till the whole derma is filled by them. In James Bell, these recent homogeneous prolongations, interweaving in a net-like manner, are peculiar and different in figure. The imagination has no effort in perceiving in them the fingers of a hand, the petals of a flower, a lady's locket, a neckless of beads, the outline of dumb-bells, a curled fish, a sleeping lizard, and beetles pursuing their journey to the scalp. On the other hand the larger and older outgrowths, that have been thirty years in arriving at their present condition, are pedicellated and assume a variety of shapes, are either oblong, circular or curved, projecting from the cutaneous surface in the form of sausages,

or knuckles of dilated intestine, or resembling an internal organ, as the heart, kidney, liver, or pancreas, the surface of the tumors being either smooth and glossy, or convoluted and irregular. Some of them appear to have grown to a certain extent, and while new material has been forming toward the circumference, interstitial absorption has given rise to central depression. The new material thus formed around the tumor is arranged in serried lobules directed from the centre to the circumference, similar in arrangement to the divisions in the seed of the marsh-mallow. Thus while the centres are depressed, and the skin shriveled and puckered, the lobules extending beyond the pedicle are smooth, dense, and resisting to the touch.

Although notes have been taken of the shape, size, appearance, consistence and position of individual tumors, sixty of which have been counted, it will only be necessary that I should name those that present some special features of interest. It often happens when a skin disease of long continuance is submitted to a critical inspection, the different observers limit their observations to a partial survey of the case, and thus arrive at opposite conclusions as to the distinctive nature of the disease. The same mistake that occurs when diagnosing cuticular derangements confined to the surface of the skin, also happens when defining the various hypertrophic affections of the derma. In a patient afflicted by one form of the disease, it may not be difficult to detect the existence of a similarity to other dermal affections indigenous to warm climates. In the malady known as cheloid, dermatologists have specified the disease as consisting of a numerous series of fibrous ridges, springing from the walls of the blood-vessels of the corium, supplanting the derma and imparting to the skin the appearance of a hypertrophic cicatrix, following a burn. Although the case of James Bell but partly accords with this diagnostic description of cheloid, it certainly agrees with those illustrations of the disease figured in American works on surgery. Cheloid is the predominating feature of the affection, and it is therefore rightly designated by that name.

It has already been stated that the disease of our patient originated thirty years ago, in the cicatrix following an abscess, and as diagnostic of the still prevailing cheloid diathesis there exists upon the inner side of the right thigh, where he was bitten twelve months since by a dog, a small tumor an inch in length, and half an inch in width, resembling a curved minnow in shape. I have observed a similar isolated growth upon the face of a negro, arising from the use of a razor. It is most likely with this predisposition to the disease in our patient, that numerous tumors dispersed over the body, reaching from the neck to the ends of the toes, had their origin from mere abrasion of the skin, due to friction or some other accidental cause.

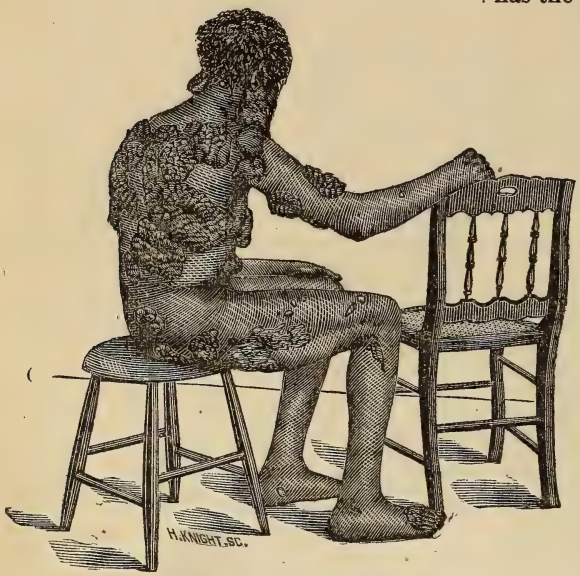
Dr. Fayge, of London, recently examined, under a low power of the microscope, some molluscous tumors not much larger than a pin's head, and he found that each tumor was originally developed round a hair follicle, inclosing at the same time the sebaceous glands belonging to the follicle, itself inclosed in a translucent fibrous mass. It is well known that the most trivial damage to the skin may be followed by the appearance of cheloid. It has succeeded the application of a blister, leeches and sutures; it has been developed by bleeding, by a scratch or puncture; in the cicatrices of small-pox, acne indurata, syphilis, burns and the vaccine scar. If such slight causes are sufficient to produce the disease, I believe it impossible to say whether it be idiopathic or otherwise. As the true and false forms of cheloid are identical in microscopical structure, as well as in all other particulars, why is it necessary to adhere to the divisions into true and false cheloid arbitrarily created by Alibert.

It is very probable that the peculiar disease affecting the breast of James Bell, which has been eight years in growing, came on as he states, from friction. The sternum and a portion of the left parts of the chest are covered by a large irregular shield, studded by innumerable lobulated

eminences. Some parts of the diseased surface are depressed, and the skin has a greyish shriveled appearance, while other portions are elevated into cord-like prolongations, that are dense and resisting to the touch, and extend beneath the surrounding healthy skin. The abnormal structure commences an inch below the upper edge of the sternum, and passes downwards to a little below the ensiform cartilage, having a width across the chest of eleven and seven-eighths inches. On its right side are eminences resembling the paws of a panther, while over the cardiac region is a tumor that may be

likened to the left ventricle of the heart, surmounted by a cluster of smaller growths The disease when present upon the chest always inclines to the left side.

The true cheloid nature of the malady, however, is better seen upon the buttocks, where its presence is of more recent date.



Over the gluteal region of the right side, and descending upon the thigh are some nineteen distinct tumors, mostly of a small size. A portion of the diseased structure which is marked by a tracery of white streaks, and may be pinched up into a fold, commences an inch below the great trochanter of the femur, and extends for a distance of eight and three-quarters inches downwards and inwards, measuring in its widest part four inches. In close proximity to the groin of the left thigh, there exists a peculiar arrangement of small nodules like a cluster of beads of different sizes. Had this morbid condition of the skin invaded the genital organs, it would, as likely as not, have been denominated elephantiasis. The pedunculated tumors have passed through all stages of growth, and being useless to the economy are assuming degenerative changes, partly due, perhaps, to the pressure and local irritation. They present more the appearance of molluscum fibrosum than the cheloid of dermatologists.

The first tumor, already referred to, that made its appearance, and which, after being extirpated, was a year in re-forming, and which, since our war, has undergone another operation, now occupies a very extended surface upon the side of the face, embracing the left ear in the form of a horse shoe. It measures $3\frac{1}{2}$ inches in front, $2\frac{1}{2}$ above, and $3\frac{1}{2}$ inches below the aural orifice. Its lobulated inferior border is an inch in thickness, and projects an inch and a half from its broad pedicle. Its posterior portion includes the lobule and the anterior portion of the ear. Its superficial surface is covered with scales formed from a sero-purulent fluid that exudes from a slightly excoriated surface. A similar appearance is to be found in some forms of lepra. This tumor, in coming into contact with a neighboring fibrous mass, has the under surface of its overlapping lobule ulcerated. The tumor situated below resembles, in shape and color, the superior surface of a liver, having a right and left lobe, and a lobulus quadratus, the groove dividing the two lobes measuring $5\frac{1}{2}$ inches in length. This tumor commences an inch and a half below the left ear, and extends $9\frac{1}{2}$ inches under the skin to the ramus of the right jaw; it is $1\frac{1}{2}$ inch in thickness, projecting $4\frac{1}{2}$ inches from the throat. When its surface is touched, it shrivels between the fingers, and the touch has the semi-elastic feel of a fungus. Its lower border is sacculated and discharges a yellowish-white gelatinous fluid from small, puckered openings. Situated upon the right side of the jaw is a turtle-shaped tumor. Its body rests upon the angle of the inferior maxillary, and its head, having two pea-like bodies in the place of the eyes, includes the lobe of the ear in its substance, and points in front of the aural appendage. Its length is $4\frac{7}{8}$ inches, and its breadth $4\frac{1}{8}$ inches. The hair of the whiskers is disarranged by the tumors. The apposition of the edges of these prominences with the subjacent skin, or with neighboring protuberances, has given rise to abrasion of

their surfaces. A portion of one of the tumors had suppurated, staining the linen with the discharge. When the sacculi, after having excited considerable pain, had given

exit to their contents, they closed, as stated, with puckered cicatrices. The tumors have not encroached upon the cavity of the mouth, the mucous membrane of which is entirely healthy.

Upon the nape of the neck a tomato-shaped growth, looking as if it had burst in the centre from over-ripeness, now discharges a yellowish albuminous fluid. Tumors of this nature, according to Virchow, are developed from the corium, or sometimes take their origin from the panniculus adiposus. They may attain to a great size, having been known to weigh forty pounds. When they attain to an inconvenient size around the neck, they are subjected to surgical interference. Dr. Maury, of Philadelphia, removed from the neck of a colored man one weighing nine pounds. But in addition to those around the neck, the dorsal surface of the body, as well as the shoulders and arms, presented the singular appearance as if masses of fungi had been attached to the surface af the skin. These excrescences are all of a lobulated or convoluted appearance, possessing a slight degree of mobility and elasticity. The largest of these tumors upon the back is 9½ inches in length and 4½ in width; the smallest in size measures 2¾ inches in length and 2 in width. One of these excrescences, having a depressed centre, and consisting of twenty-three lobules, measures 5½ inches in length, 2½ inches in width, with a thickness of three-quarters of an inch. The tumors situated upon the scapula, on either side of the spine, have a distance from each other of half an inch. These morbid enlargements have a tendency to overlap one another rather than to root themselves by prolongations in the skin. Upon section they present a whitish, homogeneous, gristle-like appearance, and the knife is resisted in its passage through the dense, firm, fibro-cartilaginous-like structure. The blood-vessels have an irregular network arrangement upon the surface, and may give rise to severe hemorrhage when the tumors are removed. Although two or three of these tumors when irritated have discharged a yellowish-white albuminous fluid, and resembled fibroma somewhat in appearance, yet the soft, purse-like appendages are unlike the soft, purse-like appendages to the skin, having a soft, spongy consistence, and composed of young, gelatinous connective tissue, characteristic of true molluscum fibrosum; nor can they be easily separated from the pedicle or enucleated from their attachments in the superficial layer of the derma. Besides, James Bell is in perfect health, and although in such a disease we may suspect some degenerative changes in the substance of the spinal cord, and, as in his case, a greater sensibility on one side than another, that will lead undoubtedly in time to a greater difference in the supply of nervous vigor to the two sides, still he does not manifest those general nutritive disturbances which, in fibroma, often cause death by marasmus or pyæmia. The disease is a localized evidence of disorder of the peripheral nerves, accompanying the blood-vessels of the corium. In the post-mortem examination of persons who have died of leprosy the nerves are found to be thickened by a fibrous structure, and their terminal branches atrophied and pearly in aspect, while in the anæsthetic variety the nervous centres in the cranial and vertebral cavities are often found diseased. Yet it is somewhat singular that the microscope seldom reveals the elements of nerve structure in the tumors attending hypertrophic cutaneous diseases. Even in a case of very painful neuroma, reported by Dr. Duhring, of Philadelphia, the microscope failed to discover in the rounded, hard nodules, that were often the seat of the most intolerable pain, the presence of any nerve fibres. In all similar affections of the skin where peripheral nerves become affected, as in our patient, the morbid nervous condition is conveyed, to a greater or less extent, along the nerves to the central nervous system, and gives rise, not merely in some cases to intercurrent nervous disorders, but to that characteristic mental condition observed in many cases of hypertrophic diseases of the skin.

By the persistent use for several years of small doses of arsenic, not only its sedative influence would be exercised upon the peripheral cutaneous nerves, and by allaying this extreme sensitiveness to external impressions, remove the causation of the disease, but it might to some extent restore healthy nervous functions by assisting in the reformation of lost nervous structure and the removal of sclerosis of the skin and nervous centres, which seem to form after nervous elements have disappeared. Local measures, as pressure, etc., may at the same time be resorted to for removing these dermal tumors. Mr. George Pollock, of St. George's Hospital, London, has published in the *Lancet*, of March 22, 1873, the details of a case of molluscum fibrosum, which appears to have some of the characters distinguishing the case of James Bell.

The woman, aged 33 years, who had been afflicted since childhood, was in a very low state of health when admitted to the hospital. There were over one hundred tumors of various sizes in different parts of the body. Some were solitary, some were clustered, some with broad base, some pedunculated, whilst others were as small as a split pea. The chief growth extends from the right side of the neck by a pointed extremity to the upper margin of the right mamma. It consists of a long thick and broad pendulous flap of skin about eighteen inches in length. Its anterior surface is thrown into several folds which give it somewhat the appearance of coils of intestine. One large one attached to the back of the head is of the size of a small melon. The microscope, according to Dr. Whipham, showed that the growth was due to excessive hypertrophy of the connective tissue and partly to abundant cell growth, occupying interspaces between the bands of fibrous tissue. I am promised

photographs, not only of this case, but also of a child affected similarly at the Children's Hospital in London. The microscopical drawing accompanying this essay will

show the havoc made by the disease in the dermal tissue. James Bell's disease is remarkable from the fact that it embraces some of the characters of both cheloid and molluscum fibrosum. The physicians of London or elsewhere may call similar looking affections to this from which James Bell suffers by whatever name they please, but whenever American surgeons encounter cases that may simulate molluscum fibrosum and yet have the cheloid diathesis, they will continue to find illustrations of molluscum fibrosum in their works upon surgery, and yet underline them with the designation cheloid. If the origin of those cases occurring in England now, called molluscum fibrosum, was minutely investigated, it is possible, from the nature of the microscopical examination of Mr. George Pollock's case, and the fact that molluscum fibrosum is a disease peculiar to warm countries, that they would follow our example and call their cases cheloid, especially as this disease is more likely to prevail in temperate climates.

CAMDEN COUNTY MEDICAL SOCIETY.

The semi-annual meeting of this society was held on Tuesday, November 11th.

The subject of hypodermy, was introduced by Dr. R. M. Cooper, who related several remarkable cases of its effects upon diseases; and a general comparison of sentiment in this novel treatment followed, exciting much interest. The remaining subjects of discussion were chiefly obstetrical. Dr. I. B. Mulford read a report of extensive ovarian cyst, exhibiting the specimen as removed post-mortem, which also led to a general interchange of views on the subject of ovarian disease.

Dr. Cullen followed with some remarks on rupture of the perineum, and further light on the subject was elicited from Dr. Goodell, of Philadelphia.

Dr. Smith, of Newark, related a case of inversion of the uterus, apparently produced by irregular contractions of that viscus.

The Camden County Medical Society was organized upon the 14th of August, 1846, by a number of physicians residing in this city. It was at once found to be the means of mutual improvement to those uniting themselves with it, and was the instrumentality of alleviating much suffering and accomplishing much good. It has since grown to be one of the most influential organizations of its character in the State.

The officers for the current year are:—President, Dr. John V. Schenck, Camden; Vice President, Dr. John W. Snowden, Waterford; Secretary and Treasurer, Dr. H. Genet Taylor, Camden.

The Society then adjourned to meet the 2d Tuesday in May, 1874.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Lozenges.

These medicated sweetmeats are thus spoken of by Dr. Prosser James, in a lecture reported in the *Medical Press and Circular*:—

"Lozenges may be looked upon as the modern representatives of the ancient class of remedies termed 'hypoglottides,' and which Galen, Dioscorides, and others were accustomed to prescribe. The name was derived from the dose being placed under the tongue of the patient.

"The attention bestowed on the process of deglutition in connection with gargling precludes the necessity of considering it in reference to lozenges. The local effect of certain substances on the mucous membrane is often obtained by the employment of lozenges, which should always be allowed to

dissolve in the mouth without breaking them by the teeth, and should also be swallowed very slowly, so as to prolong their action as much as possible. It is, however, to be remembered that as lozenges are swallowed their effect on the stomach is not to be forgotten. Indeed, their liability to interfere with digestion is one of their disadvantages. Some lozenges, as those containing morphia for instance, are also used for their general effects. In the British *Pharmacopœia* there are ten formulæ for lozenges. Some, as those of tannin and chlorate of potash, most useful locally; others, as those of iron and opium, for their effects on the system. The hardness of these lozenges is sometimes an objection. To overcome this, at the Hospital for Diseases of the Throat the lozenges are made of fruit paste, such as is used in the currant lozenges to be found everywhere.

"I have had lozenges made like the ordinary jujubes. The *pate de guimauve*, so common in France, and indeed all the elegant forms of French Pharmacy, may be made equally serviceable. The most useful additions to the lozenges of the British *Pharmacopœia* are astringents. Of these krameria is one of the best, as its remote effects are less marked than those of other astringents. In tonsillitis, guaiacum has been strongly recommended by Sir T. Watson and others, and can be given in the form of lozenges."

Caustics in Fatty Tumors.

The *British Medical Journal* says:—"A very interesting discussion took place at the Société de Chirurgie of Paris, on the occasion of two cures of fatty tumors by the application of the Vienna paste. The two cases were described by M. Dubreuil, and this gave rise to a discussion on the comparative merits of treating tumors with a caustic or with the knife. The adversaries on this occasion were MM. Dubreuil, Desprès, Chassagnac, Marjolin, and Tillaux, who were in favor of the caustic treatment; the partisans of the knife were MM. Trélat, Blot, and Larrey. The three latter surgeons related a great number of cures effected with the knife, which are certainly in favor of this method. Baron Larrey states that he has obtained, in a case of fatty tumor of the size of the head of an adult, a cure by the first intention in thirty-six hours. The other two surgeons named have removed fatty and other tumors of various sizes with the knife, from the head and different parts of the body, by the aid of linear incisions and methodic compression, and in nearly every case the wound was healed by the first intention in from twenty-four to thirty-six hours. But the partisans of the caustic method brought forward instances in which the use of the knife was attended with disastrous results, and in some cases proving fatal. When union by the first intention does not take place, the most serious consequences are apt to result, such as erysipelas and purulent infection, whereas, by the use of the caustic, the patients are less exposed to such dangers. Such was the opinion of these gentlemen, and M. Tillaux added that, among the working classes, this method had the advantage of not compelling the patient to lay up. M. Marjolin, moreover, remarked that it was necessary, for the obliteration of the sac of certain sebaceous cysts, that they should suppurate, and this was best effected by the use of caustics.

Obscure Results of Syphilis.

At a late meeting of the Pathological Society of London, Dr. HILTON FAGGE related the particulars of a case occurring in a very stout cook. She had been quite well two years previously. A year since, a lump in the left groin appeared, which broke and discharged; the leg swelled. She became emaciated and cachectic, had dyspnœa and died. She had been quite well before her marriage. She had sore throat and ulcer of the tonsils, but no other evidence of syphilis. At the necropsy, the Fallopian tube was found to be curved around the ovary and closed. There was an abscess containing pus. The ovary was healthy, but the uterine appendages were matted together. This seemed to be the commencement of the affection. There was a chain of diseased glands proceeding from the left iliac fossa, extending up through the chest to the neck, a large mass of enlarged glands pressed on the trachea, as had been found during life, and doubtless explained the dyspnœa. The glands in the fissure of the liver were suppurating, and there were very large abscesses in the bronchial glands. The liver weighed over seventy ounces; the spleen twenty ounces, and in it were large masses of the size of walnuts, looking like growths; on section, being cheesy, like syphilitic growths. There were no appearances similar to those found in Hodgkin's disease.

Neuralgic Ulcer.

M. Terillon recently related to the Société de Chirurgie two cases of ulcer of the calf of the leg, attended by excessive pains, which yielded to no means employed, until an excision of a portion of the sciatic nerve had been performed. He refers to a case of M. Verneuil's, occurring in a young girl, and in which the pains were so incessant and had so exhausted the patient's powers, that amputation was had recourse to. The ulcer reappeared in the stump, and the pains recurred. Excision of a portion of the sciatic nerve caused the pains to disappear by enchantment, and the ulcer rapidly cicatrized. These facts have led M. Terillon to conclude that the primary source of the ulcer was an altered condition of the sciatic nerve. M. Ledantu, reporting on the paper, observed that he could not adopt this conclusion absolutely, for he had himself lately met with a case of neuralgic ulcer of the leg, in which the pain yielded to hypodermic injections. M. Verneuil, too, observed that conclusions from his case would be premature, as the patient is now suffering from another relapse.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The following excellent suggestion is made by a reviewer in the *Medical Press and Circular*:—

"We consider that a few 'retrospect' volumes, formed of references to the writings of the ancient masters of our art, would be of great use, particularly to young authors, who too often imagine as new what is 'as old as the hills.' A volume or two also, having illustrations of ancient surgical instruments and appliances, would form most interesting additions to the current publications."

——One of those questions which, as Lord Dundreary remarks, "no fellow can find out," relates to the origin of syphilis. In Germany, Dr. F. W. Müller has gotten out a work entitled, "Die venerischen Krankheiten im Alterthum. Quellenmässige Erörterungen zur Geschichte der Syphilis." While in France, Dr. Edmund Bassereau has just written a work (J. B. Baillière) to show that syphilis arose in Europe at the end of the fifteenth century, in the year 1494, coincidently with the presence of the French army in Italy, during the war of Charles VIII. He omits the belief first suggested by Ricord, that syphilis arose from some of the diseases of the lower animals, like cow-pox, malignant pustules, or rabies.

——We are glad to announce the second part of the "*Bibliographie des Sciences Medicales*," by M. Pauly, librarian of the "Bibliothèque Nationale," of Paris. The first part comprises the bibliography, biography, and general history of medical science. The second treats of the history of medical schools, corporations, and societies in France and abroad; and the curious history of the quarrels between physicians, surgeons, and apothecaries. The book contains, moreover, documents relating to the history of various parts of medicine, as anatomy, physiology, hygiene, pathology and therapeutics, both as to general history and special accounts, chronologically and ethnologically considered; investigations as to the history of particular maladies, etc., all arranged alphabetically. The third part will be published early next year. As to the value of the work, suffice it to say that a copy of the first part was presented to the Academy of Medicine of Paris, by the late Daremberg, and the second by M. Latour, the talented editor of *L'Union Medicale*, in both instances most eulogistically.

BOOK NOTICES.

Treatise on the Diseases of the Eye, Including the Anatomy of the organ. By Dr. Carl Stellwag (von Carion). Translated from the fourth German edition, and edited by D. B. St. John Roosa, M. D., Charles S. Bull, M. D., and Charles E. Hackley, M. D. Fourth revised and enlarged edition. Illustrated by wood engravings and chromo-lithographs. New York: William Wood & Co. 1873. 1 vol. Cloth. 8vo, pp. 915.

A Treatise on the Diseases of the Eye. By J. Soelberg Wells, F. R. C. S., etc. Second American, from the Third English edition, with additions. Illustrated with two hundred and forty-eight engravings on wood, and six colored plates, together with the test types of Prof. E. Jæger and Dr. H. Snellen. Philadelphia: Henry C. Lea. 1873. Sheep. 8vo, pp. 812.

The new editions of these standard works before us are carefully edited, and completed to the last steps of ophthalmic medicine and surgery, by the united labors of the authors and editors. The volume of Dr. Stellwag enters more minutely into the histology and the physical properties of the organ of sight, and may be considered the more exhaustive treatise of the two; but as it is written by a German for Germans, it falls short, in some points, of the adaptability to English speaking readers which marks the production of Dr. Wells. With either of them, however, on his shelf, the general practitioner will not be at a loss for abundant information in any disease of the eye he is likely to encounter.

The general plan of both books has been detailed in notices of previous editions, and the announcement of the present new revised ones is sufficient testimony to the high scientific character, and to the thoroughness with which they supply the demand for literature in that domain of surgery.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DEC. 13, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

FOR PROFESSIONAL FREEDOM.

There are and there always have been two theories of government, for each of which much may be said. One is the *paternal* theory, which approves of prescribing everything that is to be done and to be shunned, laying out so clearly the path of the subject, that no excuse is left for his going wrong. The other theory upholds the view that the less there is of an interfering government the better; that the individual should be left just as free play of all his faculties and propensities as is consistent with this same privilege in his neighbor.

The latter theory is that of a republic, and we need not add is that which has of late years been rapidly gaining the upper hand. Not everywhere, however. The Trade Unions fetter the individual activity of their members and of their employers; and not to go further, our own profession, especially in England, and largely in this country, is inclined to adopt the interfering policy of government. How it looks to an intelligent outsider, we can see from a remark by Dr. ROHDEN. This German physician has been visiting England and its health resorts, and in a descriptive article published in the *Archiv der Heilkunde* for June last, refers to the English Medical Societies, and Associations. He proceeds to say: "The formation of such bodies has also been urged upon us in Germany these last few years, and I hope the movement will prosper; but most earnestly do I hope that the detestable servility (*die horrible Unfreiheit*) of the individual, which prevails in these English associations, will never be permitted to creep into ours."

This protest is well founded, as any one can see who reads the English medical periodicals for a few months. The *Lancet*, for instance, not many months since, made a violent and unbecoming personal attack on Dr. FULLER, because the latter's well-known work on rheumatism was advertised in a secular journal *by its publisher!* Such impertinence seems incredible, but we could parallel it with a similar instance in this country where a medical society arraigned a member because his publisher advertised a work by him, *not on medicine*, in the public press.

The action of a medical society not a thousand miles from Philadelphia, in proposing to excommunicate any of its members who consulted with female physicians, is another instance of that arrogant infringement on individual rights which marks the despotic theory of government.

The pursuit of science should be trammeled by no restrictions other than those which the study of science itself inculcates; and in applying science to money-making, no other rules are needed than those which a virtuous mind will impose on itself, and vain will be the endeavor to prevent the vicious one from pursuing its own devices. We have repeatedly raised our voice against the close imitation of the English rules in this country; and we hope the view of the matter above quoted, as taken by a foreigner, will show how well founded our ob-

jections are. Freedom must be our motto. We have it in the nature of our studies, and let us keep it. To close, in the words of Sir DOMINIC CORRIGAN, spoken lately before the students of St. Mary's Hospital Medical School:—

"A consideration that has always been uppermost in my mind, is that we have ever this proud consolation in our profession, that we are *searchers after truth.* We are not trammeled by any party net, nor controlled by any other consideration than this; that our object is to find out what is true, and our only vocation, to practice it.

"The Churchman is not thus free. He must be a churchman all his life, and as a true churchman, he must extinguish all glimmerings of doubt that may flicker before him, and advocate the doctrines and discipline of the particular church to which he belongs.

"The churchman is not free in mind as we are.

"The Lawyer is an advocate. He is bound by law and ethics to advocate the cause of the client who commits to his advocacy life or property, whatever he may think ought to be the verdict. He is not at liberty to examine the several sides of any question, to determine what shall be his own view, and act upon it.

"The lawyer is not free in mind as we are.

"The Soldier is bound by his duty to follow and obey the commands of his superiors, without inquiring into the justness or wisdom of the command.

"The soldier is not free in mind as we are.

"And as for the Politician, I will not be hard on him, for I have a brother-feeling for him; but the politician and the statesman must often temporize, or even abandon what he knows to be *right*, in order to attain what he thinks is *practicable.*

"The politician is not free as we are.

"We are free from all bias, from all influences; free to seek out what is right and true in our profession, and to practice it. We may, like all other human beings, err in judgment, but we need not fall into error under the influences that sway other professions. This I have always felt as a proud reflection, even in the midst of early struggles, and throughout professional labors; and I am confident it will ever be to you, my young friends, the same."

RECENT STUDIES IN PSYCHO-PHYSICS

The Germans take the lead in the study of psycho-physical phenomena. In the *Centralblatt fur Medicinischen Wissenschaften*, August 16, SACHS has some interesting studies on FECHNER'S law (See the REPORTER, Vol. xxix, p. 355, for this law). He finds that it is applicable to the sense of time, to electrical irritations of the skin, and also to what he calls the "crowd sense," (*Mengensinn*), by which we take cognizance of collective masses of objects.

Quite a volume has been published at Leipzig, by STUMPF, on the psychological origin of the perception of space (*Ueber den Psychologischen Ursprung der Raumvorstellung*). He criticises the views of HELMHOLTZ and BAIN, and sides with LOCKE in the opinion that the perception of space arises simultaneously with the perception of quality, at least space in two dimensions (length and breadth), but that depth is probably a result of experience. His demonstrations are strictly physical, and he leaves metaphysical points untouched. As an advance on the bald empiricism of BAIN, this work deserves attention.

A broad study of the phenomenon of Life is attempted by the eminent naturalist, W. PREYER, in a little work published this year, entitled *Ueber die Erforschung des Lebens.* Although an outspoken believer in the purely material theory of life, the author does not hesitate to say that the laws of mechanics are undoubtedly insufficient to explain vital phenomena. But the alternative is not to relegate these phenomena to the realm of the "unknowable;" rather, says the author, we must extend and broaden our conceptions of mechanical laws, and of the atomic constitution of matter, so as to embrace in them all psychical manifestations. Then, with a fully developed theory of inheritance which embraces the evolution of psychical processes from new functions acquired and inherited, we shall attain to a satisfactory and universally applicable theory of life and matter.

These words will recommend themselves to the thoughtful reader. They point to the path in which the leading minds of the day are marching, and which is conducting them to a conception of these deep and difficult questions, equally far from a coarse materialism and a dark mysticism.

Those who would like to familiarize themselves with the nature of the problems discussed will find a volume published in Paris this summer, by the eminent M. E. LITTRE, very suitable to their purpose. It is entitled *La Science au point de Vue Philosophique*, and the tenth essay it contains is styled *De quelques Points de Physiologie Psychique*. In this the author traces our notions of the external world, and of the self or Ego, to their physical bases. Of course, as any one who knows of M. LITTRE will at once suppose, the views of Comte are faithfully carried out; but in science these are the only views admissible nowadays.

In this country, we are sorry to say, none, even of our professed physiologists, are pursuing such researches; there is a wide and attractive field open here, and the harvest promises to be rich.

Dr. BIGELOW, of Boston, has, during the current year, published an article treating indirectly of these topics, but he inclines too much to theoretical considerations, and does not manifest an acquaintance with the physiological laws of mental phenomena. Every care should be taken in such discussions to limit them to the subject in hand, and not to give them an aggressive tone. The spirit of science is creative, not destructive; when it seems to destroy, it really only supplants and replaces.

NOTES AND COMMENTS.

Painless Dilatation of the Urethra.

A new device for this purpose is mentioned in a French journal. It simply consists in the employment of a column of liquid about twenty metres high, established by means of a funnel, and containing about a pound and a half of water (boiled at 25° or 27° C.), and suspended above the patient's bed. An india-rubber tube (about two metres long), and provided with a cock in the middle of its length (so as to moderate or suspend the current of water), and having at its end a small glass pipe like an ordinary syringe, which is to be introduced into the meatus urinarius, connects the apparatus with the penis. The glass end being introduced, the cock is more or less opened at will, and slight pressure is exerted on the glans, to prevent the water from running outside. The water in the funnel is then forced down by its own weight, and runs down drop by drop, dilating the stricture without pain, and, through its local and antiphlogistic action, rendering the urethra pervious to sounds and bougies. The patient can himself apply the apparatus three or four times a day, and when it is removed the surgeon has only to make use of his sounds or bougies.

Hydropathy in Chronic Diseases.

A carefully written article on this subject, by Dr. RUNGE, appears in the October number of the *Deutches Archiv fur Klinische Medicin*. He considers the true application of the water cure to be, 1, temporary relief of the chronic hyperæmia of parts and organs through the use of cold; 2, change of blood distribution by exciting the cutaneous circulation; 3, increasing the physical and moral energies by the use of the cold bath. The latter he also recommends as a preservative of the health and stimulant to the system, when not contra-indicated by organic disease or plethora.

Gargles.

One of the best gargles is a solution of alum, the strength of which may be varied according to the effect required. Chloride of aluminum may be employed for the same purpose. For a more powerful astringent, tannin may be used; one or two drachms in half a pint of water, to which a drachm of rectified spirits or an ounce of glycerine has been added. Borax and chlorate of potass are also useful as both gargles and mouth-washes. The former is slightly alkaline as well as astringent; the latter possesses special value in an aphthous condition of the buccal and faucial mucous membrane. Mineral acids ought not to be employed as gargles, as they destroy the patient's teeth.

Mortality of Railroad Employees.

From English statistics it appears that the mean annual mortality per cent. among 67,482 railway *employees* of all grades was 1·79. The lowest mortality was, among the railway officers, clerks, and station-masters, 1·66 per cent.; the highest, among the engine-drivers and stokers, 2·06 per cent. In making deductions from these tables, it is proven that the mortality of those engaged on railways is, notwithstanding the peculiar risk to which many of the occupations are exposed, less than would probably have been expected; and, if the sum total of all is taken, the mortality, it will be perceived, is but slightly in excess of that for England generally. Further, that the only injurious influence of those engaged on railways is to be attributed to the risk arising from accidents.

On Aromatic Tincture of Assafœtida.

Mr. L. MYERS CONNER says, in the *American Journal of Pharmacy*, this tincture has such an unpleasant smell and nauseating taste, that it cannot be given in every case required. Frequent requests of physicians to prepare a tincture that would be more pleasant to the taste, and produce the same effect without the addition of water, have induced him to make some experiments. The formula offered has been tried, the aromatics being no objection, either in properties or preparation; it can be made at any time, also keeps well.

℞ Tinct. assafœtida, U. S. P., ℥viiij,
" orange-peel, " ℥ij,
Ess. peppermint, ℥ij. M.

Dose, one and a half to two fluid-drachms, without the addition of water.

An Alarm Thermometer.

MR. PANMIERI has received directions from the Empress of Russia to construct for her use a thermometer which will give signals of changes of temperature. He has succeeded in making this instrument, which is now exhibited at the Academy of Science in Naples. The apparatus is so sensitive that the indicator is in constant motion; the moment a change of temperature attains any marked degree, a little chime of bells rings, and warning is thus given of the change of temperature. The instrument is suspended in the Empress' traveling carriage, so as to insure the attainment of an equable temperature.

Emulsion of Cod Liver Oil.

A writer in the Cincinnati *Lancet and Observer* recommends the following formula: R. Fresh eggs, No. iv; lemon juice, q. s. Place the eggs in a suitable vessel, and pour over them sufficient lemon juice to cover them, and let the whole remain for 24 or 48 hours. Then pass the whole through a strainer, and add, with agitation, the following, and in the order given: To the lemon juice and eggs add an equal volume of glycerine or honey, cod-liver oil, and brandy or whisky. The whole forms a permanent emulsion, and will keep good during the summer months for a month, and longer in cooler weather. The taste of the oil can be completely covered by the addition of a few drops of oil of wintergreen, or oil of bitter almonds. This mixture is pleasant to take, and a valuable therapeutic agent.

The Administration of Blood in Powder.

M. LE DR. PASCAL gives blood of oxen, etc., in the form of powder. The blood is dried till it is reduced to a powder, and, administered in that condition, overcomes the repugnance which patients might otherwise have to its use. The various constituents, of fibrine, albumen, hæmatorine, salts of iron, and manganese, are thus secured to the patient in such diseases as anæmia, chlorosis, etc. Why a good old-fashioned "blood-pudding" would not answer as well, we cannot see.

Spots on the Cornea.

A number of cases of this disfigurement were treated by Professor ANCIAUX, of Liege, "with wonderful success." His application is a weak solution of sulphate of cadmium in equal parts of mucilage of acacia and Sydenham's laudanum. With this the spot is painted two or three times a day. After the application the patient should close the eye for a few minutes, that the solution be not washed away by the tears.

A Palliative in Painful Urination.

In retention of urine from stricture, in hypertrophy of the prostate, after operations on the urethra, etc., Dr. CAZENAVI recommends the employment of ice suppositories. A piece of ice, of oval shape and the size of a chestnut is inserted in the rectum. The relief is prompt and most satisfactory to both patient and physician.

Flies and Pestilence.

It has been several times remarked that flies abound in sickly years. They are, indeed, very capable of disseminating infectious poisons, feeding on excrement and flying thence to dinner tables. A correspondent of the *Lancet* writes:—

In 1850, the "Superb," in common with the rest of the Mediterranean squadron, was at sea for nearly six months, during the greater part of which time she had cholera on board. On putting to sea the flies were in great force; but after a time they gradually disappeared, and the epidemic slowly subsided. On going into Malta harbor, but without communicating with the shore, the flies returned with greater force, and the cholera also with increased violence. After more cruising at sea, the flies disappeared gradually with the subsidence of the disease.

In the cholera years, 1854 and 1866, in this country, the periods of occurrence and disappearance of the epidemics were coincident with the fly season; and the occurrences of cases of the disease which came under my notice were associated in every instance with the presence of flies in the rooms of the patients, the proceedings of the flies being such as to warrant the charge preferred against them.

To Mark Unusual Doses.

A judicious suggestion has been made that some sign be adopted in writing prescriptions to indicate unusual doses. The Germans employ an exclamation mark after the article, thus:—

℞.—Tinct. digitalis, ʒiv. (!)
Sig. Take at once.

A member of the British Pharmaceutical Conference suggests as a sign the addition of the prescriber's initials against the quantity ordered, thus:—

Tinct. digitalis, ʒiv. (J. K. L.).

This he thought preferable to the note of exclamation employed in Germany in such a case, giving as one reason, that the initials might at times be useful for comparison with the actual signature.

Lead Poisoning Through Drinking Water.

M. LEBLANC, of Paris, has been examining water conveyed through leaden pipes. He tested five litres of such water condensed by evaporation, and the most sensitive reagents failed to detect in it the presence of any salts of lead. He states that lead is readily affected by distilled water, the result being carbonate of lead, which renders the water milky; but the presence of an infinitely small quantity of carbonate of lime is sufficient to remove from the water its action on the lead. Even rain-water, which absorbs lime from the atmosphere, or that which it meets with on the roofs of houses, contains a sufficient quantity of that substance to render lead unattackable. This would explain why leaden pipes last almost indefinitely without being deteriorated, whereas iron and other metallic pipes are rendered completely useless in the course of a few years, from being corroded and pierced through.

Persimmon Coffee.

Persimmon coffee is much preferred to the burned bean variety, in Georgia. A gentleman of that State has taken out a patent for making it, and describes his process as follows: "My mode of preparation consists of steaming the fruit for half an hour in a boiler, and after crushing them I throw them into a tank of water, and the seed are easily washed out, as their own specific gravity carries them to the bottom, and the pulp can be floated off. The seed should then be spread out in the sun to dry for three or four weeks, and then parched and ground similar to any other coffee, care being taken to have them parched sufficiently to grind easily. The seed by this process can be obtained, where the fruit is plenty, at a cost of two cents per pound, and if properly prepared are equal in all respects to good Java coffee."

Pure Chloral Hydrate.

In his endeavor to produce chloral hydrate of the most perfect purity, LIEBREICH has made experiments which have led him to publish the following as the external features which should characterize the preparation:—The crystals should be perfect rhomboids, of a glassy appearance, and sounding like glass when struck, not scaly, and perfectly dry. Chloral hydrate with these characteristics LIEBREICH considers preferable to that in cakes, which is no longer manufactured for him.

—An Iowa doctor thinks tight lacing is a public benefit, because it kills off the foolish girls and leaves the wise ones to grow into women.

Correspondence.

Intestinal Obstruction.

Eds. Med. and Surg. Reporter:—

In your issue of Nov. 8th, page 341, a report from the pen of Dr. A. G. Blodget appears, containing the result of a post-mortem examination, made upon the body of a woman who had a stricture of the bowel at the ileo-jejunal junction. As stated in the article above mentioned, the majority of the cases of stricture of the bowel occur at or near the sigmoid flexure. Said article recalled to mind a case I had last March, in which obstruction occurred at or near the ileo-jejunal junction, by a constriction that had formed around the bowel.

The patient, a man aged 70, was taken with severe abdominal pain in the night. I was sent for, and on arriving, found him laboring under severe spasmodic pains, with a disposition to vomit. Thinking it might be a case of strangulated hernia (the patient having had an inguinal hernia of some years' standing), I made a careful examination of the inguinal region, and could not find the cause of the trouble there. I then prescribed anodynes, and warm fomentations to the abdomen, with the effect of allaying the pain. Purgatives were then given, together with enemata in succession, all of which produced no alvine evacuation. Emesis came on, with troublesome hiccough, so that the stomach rejected both food and medicine. Frequent injections were given every day by the use of a gum tube being introduced high up into the colon, with the hope of removing the obstruction, providing it were caused by any foreign substance, or by impacted fæces. The effect was nothing more than the removal of a small quantity of fecal matter that had been lodged along the mucous coat of the large intestine, without relieving the general symptoms. Owing to the obstinacy of the case, I began to think there was some organic affection or stricture in the small intestine, perhaps intussusception, and gave an unfavorable prognosis, and asked for a consultation, which request was complied with, by calling in Dr. H. A. Smith, of a neighboring village, who also gave as his opinion that permanent obstruction existed, and that the case would terminate fatally. The tenth day after taking his bed the patient died.

An autopsy was made twenty-four hours after death, and on opening the abdomen the colon was found distended with gas, and the small intestine partially empty, and about the junction of the ilium and jejunum a small band of fibro-serous membrane encircled the bowel, binding two portions of it together, forming a loop of about three inches in length, thereby constricting the bowel, so as to obstruct the passage of its contents, evidently caused by sub-acute inflammation that must have existed at some time previous.

A. M. Miller, M. D.

Bird-in hand, Lancaster Co., Pa.

Epilepsy Cured by Treating the Patient for Rheumatism.

Eds. Med. and Surg. Reporter:—

I wish to report the following case:—

J. M. Roach, æt. 33, bilious, nervous, sanguine temperament, by occupation a common laborer, has had epilepsy twenty-one years of his life. After first attack had two every year for five years, and for the second five years one paroxysm every week, and sometimes two each week. Then by treatment they occurred not more than once in two weeks.

December 3d, 1871, I was called to see him during an attack which his family think the worst he ever had. I could do nothing for more than an hour, on account of spasm. After it became somewhat relaxed administered stimuli. The next morning I called to see him, and found in addition to the usual soreness of all parts of the body, heat, pain, and swelling of one of the great toes, and at once diagnosed rheumatism. Tongue thickly coated and pasty, pulse one hundred, full and a little irregular, no appetite, considerable thirst.

Treatment.—Prescribed

℞	Tinct. nuc. vom.	fl.ʒj.	
	Aquæ	fl.ʒiv.	M.

A teaspoonful every three hours.

℞	Tinct. colchici sem.	fl.ʒiij.	
	Aquæ to	fl.ʒij.	M.

Sig.—A teaspoonful every three hours, combined with ⅛ of a grain of morphia in each dose.

Continued first prescription till tongue cleaned, and second for several days, till all symptoms of rheumatism subsided. Occasionally during the next twelve months I would give him small doses of tinc. colchici sem. and tinct. opii, whenever he would have any tendency to rheumatism. He had no more epilepsy for fourteen months from date of first treatment; then he had suffered from rheumatism for several days, owing to exposure in damp and his failing to use the medicine, from the fact, as he said, it was so unpleasant to his taste. Since that time he has had no attack and is walking all the time. I simply repeat this to show the importance of finding the cause in this dreaded disease. Many physicians had treated this man with almost negative results, owing to want of careful diagnosis, for he said he had often called attention of physicians to his joints swelling at these periods.

Respectfully,

D. P. Morgan, M. D.

Webster, W. Va., Nov. 18, 1873.

—Dr. John F. Henry, many years a prominent citizen of Burlington, Iowa, died November 12th, aged eighty-one years. He was a physician, and had formerly been professor in the Ohio State Medical School, and in the Pennsylvania University, (?) but was a native of Kentucky, where he was prominently identified with public affairs, having represented that State in Congress.

News and Miscellany.

Compliment to Dr. Swinburn.

This eminent surgeon receives the following compliment from an English reviewer of the History of the American Ambulance in Paris, during the siege:—

"To experienced administrators in connection with organization, the ambulance was equally fortunate in the medical officer in professional charge of the wounded. Dr. Swinburn had also served in the American war. Under him conservation was more successfully obtained than in the ambulances established in permanent buildings; his method of treating gun-shot fractures of the femur, and penetrating wounds of the chest was alike simple and relatively successful; under him oakum was extensively used, and with good results; and although it would probably be too much to assert that pyæmia was unknown among his cases, yet the affection was unquestionably of very rare occurrence."

Sad Case of Suicide.

Dr. Arthur Foster, an interne of Boston City Hospital, committed suicide on the 19th ult., under the following remarkable circumstances:—

It appears that Foster was called up in the night to prescribe for Miss Pfyffer, a nurse, who had taken a fatal dose of opium for the purpose of committing suicide. Mistaking her symptoms for those of hysteria, he prescribed an additional opiate, which hastened the fatal result. Upon her death he was so chagrined at his failure to recognize the indications of opium that he immediately went to a bath-room and killed himself by opening the femoral artery. He was highly esteemed.

The Homœopathists on Hypodermic Injection.

The "Homœopathic Academy of Medicine" of Chicago, recently passed the following resolution:—

"*Resolved*, That we, the Chicago Academy of Homœopathic Physicians and Surgeons, in view of serious and often fatal results from the hypodermic injections of morphine and other drugs, denounce this method as being unnatural, barbarous, and highly dangerous."

This appreciation of the therapeutic means in question is characteristic.

The American Ambulance.

At a late meeting of the Paris Academy of Sciences several important communications were made. Dr. Evans, of Paris, sent in a *resumé* of the surgical operations which had been performed during the siege of Paris in the American ambulances. It is well known in Paris that this ambulance was organized under tents, and that it proved remarkably successful.

Philanthropic Physicians.

In one of the wards in this city, a large number of the physicians have tendered to the Relief Association their professional services to the poor, and the druggists have agreed to fill prescriptions given by these physicians to indigent persons without charge.

Dr. Robert W. Smith.

This distinguished Surgeon died at Dublin, Oct. 28. He was Professor of Surgery at the University of Dublin, and had a wide reputation far beyond the limits of his own country, as a gentleman of very considerable surgical skill. His work on *Fractures and Dislocations* is a standard one, and his contributions to surgery at the Pathological Society of Dublin, of which he was secretary, were numerous and of considerable interest. He also published several excellent monographs in the *Dublin Quarterly Journal*, and other medical periodicals.

Parisian Lectures.

The following courses, among others, are delivered in Paris this winter:—

Robin on "Tissues and Anatomical Systems in the healthy and morbid state." Dr. Lorain, who is to inaugurate his teaching in the Chair of the History of Medicine and Surgery, has adopted for his first maiden lectures the following subjects: "On Methods of Observation in Ancient and Modern Times," "Origin and Modes of Propagation of certain Epidemic Diseases," "Medical Geography." Clinical Medicine will be taught as usual in the hospitals, by Professors Bouillaud, Sée, Béhier, and Lasègue, and Clinical Surgery by Professors Richet, Gosselin, Verneuil, and Broca.

Personal.

—Mrs. H. C. L. Hopkins, M. D., late resident physician of the Bedford street Mission Hospital and Dispensary, upon leaving that Institution recently, was presented by the Board of Managers with $250, and a resolution was unanimously passed appreciative of her valuable services.

—The death of two eminent Parisian medical men is announced. Dr. Matice, friend and medical coadjutor of the late M. Nélaton, was Physician to the Hôpital Beaujou. He took his degree in 1846. The other, the Baron Jules Pelletan, was Honorary Physician to the Charité Hospital. He took his degree in 1831.

—Dr. Hoffman, of Reading, lately received from the German Government a silver medal, about the size of a silver half dollar, attached by a ring to the "non-combatant" ribbon, of the German colors, black, white and red. This medal is in consideration of the services of Dr. Hoffman during the Franco-Prussian war.

—Sir Henry Holland left a large estate. Its annual income is estimated at $45,000.

—The position of medical adviser to the tribe of Tulare Indians, in California, is vacant. The late incumbent had intrusted to his care a number of sick Indians, all of whom, unfortunately, died, upon which a grand council was held, and the medicine man was condemned to death and promptly executed.

—English beer is not always worth fifty cents a bottle. Dr. Lowe says, the "impurities" consist of fusil oil and tobacco juice, in addition to the common fraud of a large proportion of salt and a certain amount of alum.

—News has been received of the death at Quito, Ecuador, in June last, of Dr. William Jameson, an eminent naturalist, who resided for many years in Quito, as a professor of chemistry and botany in the university.

—A convicted murderer under sentence of death, in Georgia, has sold his body to a medical gentleman for $10, which he has expended for toilet articles.

OBITUARY.

Dr. WILMER WORTHINGTON.

At the stated meeting of the Chester County, Pa., Medical Society, held in West Chester, on Tuesday, October 28th, 1873, the following preamble and resolutions offered by Dr. Jacob Price, were unanimously adopted:—

WHEREAS, Since our last meeting it has pleased God to remove from a life of usefulness and honor, our esteemed colleague, Dr. Wilmer Worthington, and whilst we bow in all humility to the dispensation, we cannot avoid upon this occasion, giving expression to the sorrow his death has caused in the heart of every member. Therefore

Resolved, That this Society has heard with deep regret of the death of Dr. Wilmer Worthington, one of its founders, and through his long life, one of its most faithful and useful members.

Resolved, That in this event our Society has sustained a loss that cannot easily be replaced, and that the remembrance of his earnest and self-sacrificing devotion to the interests of science, of the medical profession and of humanity, should stimulate us to increased energy in the discharge of the duties that rest upon us as physicians and citizens.

Resolved, That this Society sympathize deeply with the family of the deceased in their great bereavement.

Resolved, That a committee be appointed to prepare a biographical notice of the deceased to be embodied in the transactions of the Medical Society of the State of Pennsylvania.

Resolved, That the Secretary be directed to furnish the family of Dr. Worthington with a copy of the foregoing resolutions, and also copies to each of the county papers, and the MEDICAL AND SURGICAL REPORTER, Philadelphia, for publication.

EPHRAIM HOPKINS, M. D., Rec. Sect'y.

QUERIES AND REPLIES.

Price Lists.

A correspondent suggests that we should publish regularly Price Lists of Drugs. This would occupy too much of our space, and would be more appropriate in pharmaceutical journals. We will cheerfully send Price Lists to subscribers when requested.

Galvanic Batteries.

Dr. E. F. A. of N. C.—We recommend those manufactured by the Galvano Faradic Co. We can supply one if desired.

Asthma Relief.

Dr. A. S. K., of N. Y.—The preparation can be analyzed by chemists in this city. They charge from $50 to $100 for such an analysis.

Dr. A. B., Jr., of Kansas.—We can send you a pair of forceps for that sum.

Commutations.

"Do you still commute with Littell's Living Age?"

Reply.—We do. The REPORTER and *Littell* are $12 a year.

MARRIAGES.

BUTCHER—NEILL.—In this city, Nov. 20, at Grace M. E. Church, Broad and Master streets, by the Rev. Bishop Simpson, Thomas S. Butcher, M. D., and Emma Josephine Neill, daughter of Rev. James Neill.

DILL—GEER.—At Plainfield, N. J., November 25th, by Rev. Kingston Goddard, D.D., Washington Dill and Mary S., daughter of the late Seth Geer, M. D.

GRAFLY—KNORR.—In this city, November 13th, at St. John's P. E. Church, by the Rev. Charles Logan, assisted by Rev. G. A. Crook, D. Webster Grafly and Kate K., daughter of John K. Knorr, M.D.

HUMPHREY—BOARDMAN.—In Cornish, N. H., Nov. 15th, by Rev. B. P. Spalding, Willard W. Humphrey and Miss Edna L., youngest daughter of Dr. E. Boardman, all of Cornish.

MACHESNEY—GIBSON.—By Rev. J. T. Thompson, assisted by Rev. Byron Porter, on September 10th, at the home of the bride's parents, Dr. W. B. Machesney, of Chicago, Ill., and Miss Annie A. Gibson, of Elderton, Armstrong Co., Pa.

MOORHEAD—GREACEN.—In New York, on November 20th, at the residence of the bride's parents, by Rev. Hugh H. Blair, James Moorhead, M. D., and Martha, daughter of Robert Greacen, Esq., all of that city.

SWIFT—BURTON.—In Manchester, Vt., November 11th, by Rev. R. S. Cushman, Dr. George H. Swift and Miss Ella A. Burton, second daughter of Hon. E. B. Burton.

WALKER—WOOD.—On November 13th, 1873, at the residence of M. Pilcher, Esq., in New Orleans, by the Rev. C. W. Hilton, Mr. Edward M. Walker and Miss Katie Wood, only daughter of Dr. W. B. Wood, of Franklin, La.

DEATHS.

COAD.—In this city, November 26th, Mrs. Lidy R. Coad, widow of the late Dr. Joseph R. Coad.

FAIRLAMB.—In this city, November 24th, after a short illness, Mary K., wife of Dr. George W. Fairlamb.

FRISHMUTH.—In this city, November 21st, Henrietta, wife of Dr. Jacob Frishmuth, in the 31st year of her age.

GILBERT.—At Fultonville, N. Y., November 17th, at the residence of her father, Dr. T. Burton, Marcia B., wife of Wm. L. Gilbert, of Brooklyn.

GUERNSEY.—At the residence of his son, in Amenia, N. Y., November 26th, Peter B. Guernsey, M. D.

HEARD.—At Newburg, N. Y., Nov. 21st, Catharine C., wife of Dr. John S. Heard.

STILLWELL.—In New York, November 26th, 1873, J. E. Stillwell, M. D., aged 60 years.

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(COMP. DRAGÉES OF SANTONINE.)

Santonine, the active principal of *Semen contra*, (European Wormseed) occupies the first rank among the anthelmintic remedies. In this preparation the Santonine is combined with a purgative agent and is at once pleasing to the eye and efficacious. For several years many of our principal Physicians in all parts of the Union have expressed themselves highly pleased with the efficacy and elegance of this vermifuge. Each dragée contains one half grain of Santonine and one fifth grain of Gambogine.

FOUGERA'S READY-MADE MUSTARD PLASTERS.

Nos. 1 and 2.

A most useful, convenient, and desirable preparation, always ready for immediate use. Clean, prompt in its action, and keeps unaltered in any climate; easily transported and pliable, so as to be applied to all parts and surfaces of the body. It is prepared of two strengths:—No. 1 of pure mustard; No. 2 of half mustard. Each kind put up separately, in boxes of ten plasters, cut or in rolls.

FOUGERA'S PECTORAL PASTE.

(ICELAND MOSS AND LACTUCARIUM.)

Used with great success against Nervous and Convulsive Coughs, Hooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, &c.

Wakefulness, Cough and other sufferings in Consumption are greatly relieved by the soothing and expectorant properties of this Paste.

LANCELOT'S CIGARETTES FOR ASTHMA.

It suffices to *inhale* the smoke of these Cigarettes to experience immediate relief.

All nervous affections in general, and especially those of the chest, are often cured, and always relieved by the use of Lancelot's Cigarettes.

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This Elixir, acting as a *diuretic, tonic, stimulant, emmenagogue*, and a *powerful regenerator of the blood*, is a most invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood.

By stimulating the energy of the digestive organs, through the action of the horseradish etc. by supplying vital fluid with the elements it requires *iron* and *phosphorus*; by carrying into the economy the alterative agents, *iodine* and *sulphur*, it brings life and vigor through the whole system.

CINCHO-QUININE.

Cincho-Quinine holds ALL the important constituents of *Peruvian Bark* in their alkaloidal condition. It contains no *sulphate* of *cinchonine* or *sulphate* of quinine, but *cinchonine, quinine, quinidine*, etc., without acid combinations. It is now nearly four years since it was placed in the hands of physicians for trial, and the verdict in its favor is decisive.

At the present price of sulphate of quinine, it is sold at about one-half the price of that agent, and with the testimony offered that it has *equal* tonic and anti-periodic effects, and that it is less objectionable, there seems to be no good reason why it should not be universally employed by the profession.

The cut below gives the size of the ounce phial, and the form of putting up.

Dr. J. A. PERKINS, of Chestertown, Md., under date of Feb. 10, 1872, writes us as follows: "I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one-and-a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M. D. *Fall River, Mass.*

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FERY, M. D., *Perry, Iowa.*

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. COONS, M. D., *Madison, Ills.*

I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and five grains one or two hours before a paroxysm is due, and continue to give five grains once a week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M. D. *Wapping Falls, New York.*

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M. D., *Indianapolis, Ind.*

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of it. I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M. D., *Lincoln, Ill.*

I have used an ounce of Cincho-Quinine in some obstinate cases of intermittent neuralgia and ague, and am happy to state that it has thus far sustained in full the anticipation raised by what you have claimed for it. Dr. S. S. Cutter, of this city, has an extensive general practice, and he informed me a few days ago that the Cincho-Quinine was giving satisfaction.—J. H. BEECH, *Coldwater, Mich.*

We can now supply SUGAR-COATED CINCHO-QUININE PILLS of three sizes, namely, 1 grain, 2 grains, and 3 grains, in such quantities as are wanted. They are placed in vials holding 100 each. The price is about one-half that of Quinine Pills. Dose the same.

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WHOLE No. 877.] DECEMBER 20, 1873. [VOL. XXIX.—No. 25.

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COMMUNICATIONS RECEIVED

Week ending December 13th, 1873.

The Asterisk (*) indicates a cash inclosure.

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Original Department.

Lecture.

CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Lecturer on Clinical Medicine in the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

On Mitral Regurgitation.

Gentlemen—I propose next to direct your attention to the study of mitral regurgitation or insufficiency, and as it is important for you to understand the diagnostic features of this affection, I shall first bring before you a patient in whom they are well developed. The following is her history:—

Ann ——, 70 years of age, enjoyed general good health until ten years ago, when she began to have attacks of sub-acute rheumatism; these recurred frequently, and upon one or two occasions were severe enough to confine her to bed. In the early part of last spring she first noticed shortness of breath, and palpitation of the heart on exertion; both these symptoms increased during the summer, and were quite marked when she came into the hospital, on September 24th, 1873. At that time she had an anxious expression of countenance, her lips were livid, and her hands became blue when they were allowed to hang down for a short time; in addition to the palpitation and dyspnœa, she had a troublesome cough, and on ausculting the chest numerous mucous and sub-crepitant rales could be detected; there was also extensive œdema of the legs and lower part of the abdomen, the skin about the feet and ankles being stretched almost to bursting.

At present the œdema has almost entirely disappeared, and her general condition is much improved. On examining the heart, the apex beat is found to be situated at the upper border of the sixth rib, one inch and a half outside of the vertical line of the left nipple; the impulse is strong and thumping, but not much more extended than in health. The rhythm of the heart's action is altered, the change consisting in a want of similarity in the force and frequency of the ventricular contractions; thus three or four strong and regular contractions are followed by an equal number of feeble and rapid ones, some of which are so imperfect that they are not accompanied by any pulsation of the radial artery. These intermissions occur about once in every five beats. When the stethoscope is placed over the aortic cartilage a loud systolic murmur is heard; this is transmitted upwards into the carotid arteries, but grows fainter as the instrument is moved towards the body of the heart, where, however, another systolic murmur arises. The latter is most intense at the apex, and is transmitted into the left axilla and around to the angle of the left scapula. Although these two murmurs are identical in time, their difference in pitch and quality, in area of distribution and in point of greatest intensity, shows that they are distinct and dependent upon separate valvular lesions, the first being due to aortic roughening or obstruction, and the second to mitral insufficiency.

The murmur which characterizes mitral regurgitation is caused by the blood being driven backwards into the left auricle dur-

ing the systole of the heart. Now you know this is the time when the first sound of the heart is heard, and that the chief element in the production of this sound is the closure of the auriculo-ventricular valves; if, then, the mitral valve is prevented from closing completely, the first sound must be altered, and under such circumstances is either accompanied or entirely superseded by a valvular bruit. The murmur of mitral regurgitation is therefore associated with the first sound and is systolic in time, besides which, it is synchronous with the apex beat of the heart and the carotid pulse, comes after the long period of silence, and is followed by the second cardiac sound. While it can be heard over the body of the heart, it is usually loudest at the apex, and is usually audible in the left axilla and at the angle of the left scapula. Its intensity, pitch and quality vary in different cases and at different times in the same case, being greatly influenced by the strength and rapidity of the contractions of the left ventricle. It generally exists alone, but may, in some instances, be combined with the presystolic murmur of mitral obstruction, in others, with the diastolic murmur of aortic regurgitation, and finally, as in the case before you, with the systolic murmur of aortic obstruction; there need be no confusion, however, if attention is paid to the diagnostic signs already pointed out.

As there is great difficulty in maintaining the circulation when the mitral valve is insufficient, the first effect produced is the hypertrophy and dilatation of the left ventricle; this is rarely so extensive as in disease of the aortic valve, but is much more so than in mitral obstruction. This alteration gives rise to the physical signs of enlargement of the heart, and to an irregularity in its action, which is more marked than in any other valvular disease, and varies in degree and kind. The most usual form is where the heart, after beating regularly and efficiently for a few times, seems to become excited and gives a number of rapid and spasmodic contractions, then comes a halt, and then the slow regular beats again. In other cases, the heart occasionally stops acting long enough to omit one beat, and then goes on as before.

The over-strain occasioned by the regurgitation of the blood through the mitral orifice soon causes dilatation of the left auricle; this reacts upon the pulmonary veins, and congestion of the lungs follows, with its train of symptoms. These are lividity of the face and lips, blueness of the hands, dyspnœa, cough, and sometimes hæmoptysis; the last symptom does not occur until the lungs have become very much engorged, and is not nearly so common as in mitral obstruction. The pulmonary circulation being obstructed, distention of the right ventricle and auricle ensues, and the blood no longer passes freely from the venæ cavæ; we have, therefore, general venous congestion, which in its turn produces disturbance of the digestive functions, enlargement of the liver and spleen, albuminuria or hæmaturia, œdema of the extremities, and dropsy of the peritoneal, pleural and pericardial cavities.

The œdema of heart disease usually begins in the feet, where the effect of gravity is greatest, and gradually extends upward. It consists in an accumulation of serum in the interspaces of the sub-cutaneous connective tissue, and is distinguished by "pitting" on pressure, and by the being free from pain, redness, or inflammatory heat.

The principal cause of the valvular lesions present in mitral insufficiency is rheumatic endocarditis. This latter affection is more frequent and more apt to be followed by valvular changes in the young than in the old, though sometimes the same alterations result from an attack of rheumatism occurring late in life. Bright's disease, syphilis, and chronic alcoholism, may also act as causes, by setting up a slow fibrous or atheromatous degeneration in the tissue of the valve.

Whether regurgitation is ever produced by excessive distention of the left ventricle and of the auriculo-ventricular opening, without any lesion of the mitral valve, is a question about which there has been much discussion. But I believe that in certain cases of aortic stenosis and in cirrhosis of the kidneys, the obstruction to the arterial circulation and the consequent dilatation of the left ventricle, give rise to so much stretching of the auriculo-ventricular opening that it is no longer able to be closed by the leaflets of the mitral valve, which rarely grow in proportion, and that, consequently, some degree of regurgitation occurs.

In treating mitral insufficiency, one of the most important indications is to reduce the frequency and irregularity of the pulse. For this purpose digitalis, used continuously and in the manner already mentioned, is by far the best remedy that we possess. Its

mode of operation in producing this result, is uncertain, but it probably influences the nerve centres which regulate the cardiac movements, so that the power of the heart is not only increased but concentrated, instead of being wasted in a number of rapid, inefficient contractions. Some of these nerve centres are situated in the heart itself, and others in the spinal cord, or at the base of the brain. Whenever digitalis does not produce the desired effect, we may combine it with tincture of belladonna, or use the latter by itself. The dose of this tincture is ten drops repeated three or four times daily, but as its strength is somewhat variable, it will be better for you to employ a solution of sulphate of atropia. In giving atropia always commence with small doses, 1-120 to 1-90 of a grain three times daily, and gradually increase the amount until the action of the heart becomes regular, or until dryness of the fauces and dilatation of the pupils show that the general system is beginning to be affected, when it should either be discontinued altogether, or administered in smaller quantities. Good results are also often obtained from the application of a large belladonna plaster over the præcordia.

In some cases, where there is excessive hypertrophy of the left ventricle, you will find that the pulse, though regular, is too frequent and full. Under such circumstances, cardiac sedatives are indicated; for although the increased power and thickness of the walls of the heart is of advantage up to a certain point, in overcoming the obstruction to the circulation, there is great danger of its becoming excessive, and of the inordinate growth of the muscular fibre being followed by rapid degeneration and failure in power.

Veratrum viride is the most efficient of these cardiac sedatives, and may be administered in doses of from two to ten drops of the fluid extract at intervals of six hours, care being always taken to watch its effects, and to reduce the dose after the pulse has been brought down to sixty or seventy beats per minute. The next best remedy belonging to this class is tincture of aconite root. At first three drops of this should be given thrice daily, and the dose increased cautiously to four or five drops, according to the susceptibility of the patient. Bromide of potassium is also to be spoken of favorably, as it combines the action of a sedative and an alkali, and has seemed especially serviceable when the disease is due to rheumatism, or when it is kept up by a rheumatic diathesis; it may be used alone or together with iodide of potassium, the former in ten, and the latter in five-grain doses, three times daily.

While we are engaged in regulating the action of the heart, those agents which tend to maintain the tone and nutrition of its muscular fibres must not be neglected. Although digitalis is among the best of these, it must not be used to the exclusion of other remedies, as iron, quinine and arsenic, which, by keeping up the general strength, exert a powerful influence upon the nutrition of the heart. Much benefit may be derived from some combination, such as the following:—

℞ Quiniæ sulph.
Pulv. digital. āā gr.xxv,
Ext. ignatiæ " vj.
Ac. arseniosi " ½. M.
Ft. mas. et. div. in pil. xxv.
Sig. One to be taken thrice daily.

Besides this a great deal will depend on the selection of a proper diet. The food should be unstimulating and nutritious, consisting of milk, plainly cooked meat, and a moderate amount of vegetables, bread, and fruit. These ought to be taken in small quantities and at short intervals, so as not to overload the stomach, or tax excessively the digestive powers, and thus induce irritation and congestion of the alimentary canal or its associated glandular organs. The evening meal should be taken several hours before going to bed, and should be the lightest of the day. When a mixed diet is not well borne, it will be better to place the patient upon an exclusive diet of skimmed milk; the quantity to be given at first should be about two ounces every two or three hours, which may be gradually increased, until half a pint is taken four or five times daily, any tendency to nausea being counteracted by the addition of lime water.

Exercise in the open air is useful when care is taken not to become over-fatigued, and to avoid exciting the circulation by rapid walking, running, or sudden efforts. At the same time chilling of the surface must be guarded against, by carefully adapting the clothing to the state of the weather.

As the mode of relieving pulmonary engorgement depending on valvular disease

of the heart has already been mentioned, I will pass directly to the treatment of other complications.

Congestion or chronic catarrh of the mucous membrane of the stomach, giving rise to an increased secretion of mucus, but lessening the quantity of the gastric juice, and consequently the digestive power of the organ, although one of the most important and frequent complications, is, I believe, too rarely recognized. In many cases, the feeling of oppression and the increased disturbance of the heart's action, which are attributed to some aggravation of the cardiac disease, are, in reality, due to gastric irritation and congestion; and while the use of cardiac sedatives may be pushed to the limits of safety without affording relief, the distressing symptoms will subside quickly upon the use of suitable remedies addressed to the disorder of the stomach. This condition is benefited by keeping the patient on a restricted diet, as above recommended, and by the use of subnitrate of bismuth and the mineral acids.

Œdema of the extremities and dropsy of the serous cavities must be treated with reference to the valvular lesion on which they depend. Among the medicines to be recommended, digitalis holds a high rank, for, in addition to regulating the action of the heart, and lessening the venous congestion, it has a powerful diuretic effect. This last property is increased by the association of other eliminative agents, as acetate of potash, or of saline laxatives, such as Rochelle salts, citrate of magnesia, or some laxative mineral waters. When the blood becomes poor and watery from interference with nutrition and respiration, you will find great advantage from the use of iron combined with a diuretic, as in the following mixture:—

℞.—Tr. ferri chloridi,
Ac. acetic dil., āā fl.℥jss.
Liq. ammon. acet. q. s. ad., fl.℥vj. M.

S.—One tablespoonful to be taken three or four times daily To make this more palatable, any flavoring syrup which contains no tannic acid may be added.

If a scanty, high-colored and albuminous urine indicates congestion of the kidneys, dry cups should be applied to the loins, and the secretions of the skin stimulated by warm baths; at the same time nutritious food, Basham's iron mixture as prescribed above, digitalis and saline laxatives should be administered internally.

Communications.

UTERINE DISEASE.

BY F. K. BAILEY, M. D.,
Of Knoxville, Tenn.

Diseases of the womb have of late assumed so much importance that large volumes are being produced upon this subject alone.

Enlargement, or increase of substance in the uterus, is a very common abnormal condition of the organ. From various causes the walls are thickened: from over-distention of the blood-vessels, and the deposition of the products of inflammation. The term hypertrophy is often used to define the condition alluded to; but, to be strictly literal, hypertrophy is a physiological rather than pathological state of an organ.

The term *parabysma*, used by J. Mason Good to characterize certain diseases of the abdominal viscera, seems to be more appropriate, coming from the Greek verb *Παραβύε*, to *crowd* or *stuff*.

Every practitioner must be called to treat more or less cases in which the uterus is found, on examination, to be enlarged, and consequently increased in weight. The increased weight causes the organ to sink lower than its normal position, producing all the morbid phenomena known as falling of the womb. To obviate this condition, many are advised to wear a pessary. This appliance may, in most cases, retain the uterus *in situ*, but, if no means are adopted to obviate the enlargement, the perineum is called upon to sustain the pessary and the superimposed weight resting upon it for support. Instances of enlarged womb have so often been brought to my notice within the last few years, that it sometimes seems that but few are free from the unpleasant *annoyance*, to say the least.

That uterine leucorrhœa is generally an attendant upon a congested state of the womb, both in the parietes and lining membrane, and depending upon it, is an admitted fact.

Case I.—Tuesday, Aug. 19, 1872, visited L. ———, aged 23, white, single; had a child five years ago, which lived five months. Miscarried once since. Found her complaining of pain in the lumbar region, and sense of weight across the pubic. For some months past the menstrual flow has been excessive, recurring every twenty-one days, and succeeded by mucous discharge. Dysu-

ria, most severe as the last drops of urine were voided. Tongue coated, appetite indifferent, and torpor of intestinal canal. On digital examination, found the os uteri low, resting upon the perineum, and having a soft, velvety feel. Prescribed two comp. rhubarb pills, to be taken at night, and a mixture of spts. nit. dulc., ʒj, with tr. opii camph., ʒss, every 4 or 6 hours.

21st. On calling, found patient some better. Bowels well opened; pelvic uneasiness still present. On examination with the speculum, found the os low in the vagina, posteriorly; the neck turgescent; the lips pouting, red, and pouring forth a slimy mucus. A sound passed through the cervix readily, but on account of tenderness, it was not urged. I applied a pencil of nit. silver freely to the whole exposed surface, and within the neck about an inch. Prescribed bromide potassium in doses of 8 grs., with fluid ext. ergot, 15 drops, every 6 hours.

29th. Did not see the patient until to-day, when she called at my office. She states that the uterine discharges have been somewhat free at times; cervix less inflamed and not so tender to the touch. The os still pouting. Applied nit. silver to the os, but did not pass the pencil within the cervix. The bowels are in better condition, and the general symptoms less unpleasant. To continue brom. potas. and ergot, with tr. cinchonæ.

Sept. 6th. General health improved. The sound encountered the fundus at two and one-quarter inches. Less discharge, but redness still continues in the mouth of the womb. Small patch of ulceration upon the posterior segment of the mouth. Applied nit. silver freely, and prescribed as follows:

℞.—Sulph. cinchonæ, grs. xv;
Liquoris iodidi ferri, ℥ss;
Iod. potassii, ʒiss;
Syr. zinziberis, ℥iss. M.
Sig. Teaspoonful morning and night.

10th. Found the uterus nearly *in situ*, and admitting the sound no more than 1¾ inches. Os still turgescent, of a livid hue, with the same ulcer as before. General health improving.

17th. Complaining of headache and want of appetite. Bowels irregular. More pain in the pelvis. Had some "show" yesterday, but nearly ceased to-day. Made no specular examination. Prescribed as follows:—

℞.—Iod. potassii,
Bromidi potassii, āā ʒij;
Fluid ext. valerian,
Water, āā ℥j;
Fluid ext. ergot, ℥ss.
fl.ʒj morning and night.

19th. Much improved in general health. Os and cervix lessened in size, but still jagged in appearance. Superficial ulceration upon the posterior lip. Sound passes but a short distance. Applied nit. silver and continued the mixture.

From this time there was a general improvement in the health, and the patient did not return.

In this case there was evident cervicitis, proceeding probably from the inflamed os. Not having passed the sound on the first examination, I have no idea of the depth of the womb, but from its prolapsed condition, and other symptoms, it is probable that it might have been at least three and a half inches.

Uterine Enlargement, with Retroversion.

Case II.–Mrs. S., colored woman, about 40, large and well built, mother of several children, called at my office October 5th, 1872, complaining of severe dragging pains in the pelvic region; menses regular in recurrence, but attended with pain, and generally profuse; leucorrhœa constant immediately before and after the time; constipation, with severe pain on voiding the rectum, extending through the pelvis to the pubic region. Pain in the bladder and a burning distress on voiding urine. Appetite not good, and sleep much disturbed. Introducing the speculum, could not well expose the os as she lay upon the back; upon her turning on the left side, found no trouble. The os uteri is thrown forward and rather low down. The os and cervix much engorged, with a rough and passively congested appearance. A sound passes easily to the internal os, but at that point appears to encounter an obstacle which, from the symptoms, is the front wall of the uterus. Owing to soreness and the escape of blood, do not persist in an attempt to reach the fundus. On wiping away the collection of whitish and rather tenacious mucus from the os, I introduced a pencil of nit. silver a short distance toward the os internum.

Prescribed Pil. rhei compos, two at night, to regulate the bowels, and the following:—

℞. Spts. nit. dulc. ℥j.
Tr. opii camph. ℥ij.
Tr. lyttæ, ℥j.
Fluid ext. senecæ, ℥v. M.

Sig. ℥jss. mam et nocte.

10th. Called. Reports that after the examination on the 5th, there was a free discharge of bloody mucus, with considerable uterine colic for a day or two, after which, till to-day, there has been no uneasiness.

Complains of weakness and want of appetite. Bowels open after taking the pills, but the pain continues when the rectum is evacuated. Prescribed as follows:—

℞. Sulph. quiniæ, ℥ss.
Aromat. sulph. acid, ℥ij.
Tr. cinchonæ compos. ℥ijss.

Sig. Teaspoonful morning and night.

26th. Patient called. Complains of wakefulness, with no abatement of other symptoms. No examination made. Prescribed

℞. Bromid. potassii, ℥ij.
Fluid ext. valerian,
Essent. menth., aa. ℥ss.
Spts. ether. compos. ℥ij.
Tr. gentian. compos. ℥v. M.

Sig. one-half teaspoonful at four and eight P. M. Suspend the acid mixture and continue pills P. R. N.

November 8th. Speculum examination showed condition unchanged. Leucorrhœa still profuse.

To continue pills and to take as follows:—

℞. Fluid ext. valerian, ℥j.
" ergot. ℥ss.
Tr. cinch. compos. ℥iss.

Sig. Teaspoonful at noon and bedtime.

21st. Speculum examination. Found less engorgement, and not so much local tenderness. Discharge about as usual. Made free application of nit. silver, and directed to continue former treatment.

December 3d and 13th, made application of solution carbolic acid, full strength, on a piece of compressed sponge. Less soreness in the uterus, but the organ is still retroverted. To continue brom. potass. mixture, and pills P. R. N.

January 7th, 1873. In consequence of damp, cool weather, and residing three miles away in the country, does not come in as often as would otherwise be desirable. General health improving. Appetite good, and can rest better at night. Applied carbolic acid. Found os and cervix but little inflamed. Discharge lessened, as also pelvic uneasiness. Uterus still enlarged. As a resolvent and tonic, prescribed as follows:—

℞. Iod. potassii, ℥ij.
Liquor iod. ferri. ℥ss.
Sulph. cinchonæ, ℈j.
Syr. zinziberis, ℥ijss.

Sig. Teaspoonful morning and night.

As the bowels move more regularly, the pills to be taken only when constipation is obvious. Suspend other medicines.

February 10th. Find leucorrhœal discharge lessened. Menses have recurred at normal intervals. Uterus less in size. To suspend medicine, except the pills P. R. N. and the bromide potass. mixture when restless at night.

March 8th. Owing to stormy weather and bad roads, patient has not been in the city till to-day, for a month. No essential change except that pelvic uneasiness is becoming less obvious, and the general strength has improved. Applied strong solution carbolic freely to os and cervix. Find evident reduction of the size of the cervix. To continue former course of treatment.

25th. Patient called, but made no examination. To continue bromid. potassii as before.

May 6th. Condition of the uterus improving.

24th. Patient called. "Feels better than she has for six years." Bowels move every day without pills. Slight leucorrhœa. Just recovering from the regular menstrual flow. Complains less of pelvic distress, and can walk about, or work, with much less difficulty than usual. On speculum examination, find the os more nearly in situ than at any former time. Fundus appears still tilted backwards, but the sound only passes three and a half inches, and encounters but little resistance. Slight flow of bright red blood upon withdrawing the sound. Made slight attempt at raising the fundus, but without much success. On the last occasion previous to this, I also made a similar effort, and patient says she had felt that the womb had moved a little since that time. Sponged out the cervix as far as the os internum, freely, with solution carbolic acid. Find little or no mucus on the sponge, but a tinge of blood. As warm weather is now established, I hope a cure may be effected before another winter.

October 1st. This patient did not come to the city during the summer more than two or three times, but I learned that her health has been still improving. A w

days since she came in, and on examination I found but little indications of uterine disease. There was no mucous discharge from the os, and the womb appeared free from soreness, and but little increased in size.

CASE III.—February, 1872. Mrs. M., æt. about 35, white, bilious temperament, but possessing little mental or physical energy. Married, and mother of two children, the youngest three years old.

Patient states that she has not been well since the birth of her last child. Has felt severe pelvic pains more or less constant, but aggravated at the menstrual periods, with distress in the left side of the chest, attended with palpitation. Has had leucorrhœa more or less during the whole time. Made no vaginal examination, but suggested that she call upon me at the office when "up town." Prescribed as a sedative the following mixture:—

℞ Ext. valerian fl.
Spts. etheris compos.
Spts. ammon. aromat.
Tr. opii. camph. aa. ℥ss. M.

Sig. One-half teaspoonful two or three times daily, as required. Also the following:—

℞ Iod. potassii. ℥ij.
Liquoris iod. ferri. ℥ss.
Syr. sarsæ. compos. ℥ij.
Fiat mist. M.

Sig. Teaspoonful at each meal.

I saw this woman at different times for a year, but she would not consent to a thorough examination. She took both mixtures during this period, especially the sedative. Meanwhile her husband died, and she became worse, from being compelled to support herself and children by her labor.

June 11th, 1873, she called at my office, when, on examination with the speculum, I found the os uteri very patulous, and elongated laterally to half an inch or more. Whole cervix much enlarged, and covered with small whitish patches resembling follicular enlargements at the base of the tongue in disease of the pharynx. Copious discharge of a thin and whitish mucus from the os. Passed a probe two and one half inches, and found retroversion. But little tenderness upon the contact of the instrument. On wiping the os with cotton, a sanious discharge followed.

Applied carbolic acid solution, about one-quarter strength, freely to the os internum, and suggested that she call again.

She did not make her appearance afterwards, but I was frequently consulted in regard to her cardiac troubles.

Had not stamina enough to admit of a judicious course of treatment, and consequently she is unrelieved.

Ulcer upon the Foot, Associated with Uterine Disease.

CASE IV.—February 28th, 1873. Mrs. G, aged 27. Bilious-nervous, well formed, and stout built. Has been a widow about two years. Before the death of her husband, began to feel a soreness upon the ankle, which apparently followed a severe sprain. A little nipple-like formation was noticed upon the inside of the ankle, which subsequently was ruptured, leaving an ulcer. There are now two small openings just below the ankle, which may communicate internally, but a probe failed to detect. There is a discoloration of the integument about these openings, and some tumefaction; a hypertrophied condition of the sub-cellular tissue.

Upon the opposite side of the foot, and between the ankle and the tendo-achillis, is a fullness and discoloration of the skin, the marks of a former ulcerous opening. There is soreness of the affected parts, which is aggravated at the menstrual periods. There is pain and tenderness in the ovarian regions, and more or less bearing down and dysuria.

On examination, both digital and specular, find the os uteri low down and resting upon the perineum. There has been an absense of the menses for two periods, but leucorrhœa continues.

Prescribed pil. rhei. compos. No. 2, at night, and injected solution carbolic acid, about one-quarter strength, in the ulcerous opening, the fluid passing readily from one opening to the other. Then applied adhesive strips tightly about the joint, so as to retain a compress.

March 10th. Catamenia returned, and rather profusely. The ulcer much improved, and the swelling about the joint nearly subsided. Bowels kept open by the pills taken two or three times a week.

15th. Menses still continue profuse. I prescribed viz:

℞ Bromid. potassii ℥ij.
Fluid ext. senecæ,
" ergot, aa. ℥ss.
Tr. gentian compos. ℥j. M.

Sig. Teaspoonful before each meal.

Appearance of the foot much improved,

and same dressing continued, to be applied every three or four days.

18th. Uterine flow nearly checked. Feels stronger and more comfortable, but on removing the dressing last applied, find the foot and ankle more swollen. The patient states that the condition of the foot has generally been aggravated, when the menstrual flow was lessened. At the last dressing, I applied a piece of compressed sponge over the sore, parallel with the sinus, which appears to have obliterated it, and now the one opening is healing fast; applied a loose dressing without pressure.

20th. On calling in, found my patient complaining of severe pain in the left side of the face, from decayed teeth, having some fever, menstrual flow nearly suspended, bowels confined. Gave calomel, gr. iv, with one-sixth gr. morphia, every four hours till three are taken.

21st. 10 A. M. Pain in the face intense; gave castor oil ℥j, and hot whiskey toddy in liberal quantities.

9 P. M. Bowels moved freely after taking a second dose of castor oil; much relieved.

25th. Since last report this patient has had two teeth extracted, and the pain in the facial region is entirely relieved. Ulcer healing.

April 3d. No more return of facial pain. The ulcer almost entirely healed. Complains of soreness upon the opposite side of the foot, and thinks it will "heal." Complaining of soreness in the left iliac region, which is probably located in the ovary. No return of the menses, but expected soon.

Prescribed as follows:

℞. Iod. potassi.
Bromid. potassii. aa ℥iij.
Syr. sarsæ comp. ℥jss.

Teaspoonful before each meal.

15th. Patient left town on the 11th, and was married a day or two ago. Ulcer on the foot entirely healed.

The effect of strong carbolic acid was apparent in this case. Healing at once was promoted, but tight dressing, so as to cause pressure upon the sinus, and obliterate it, also appeared to be beneficial. Some writers speak of menstruous ulcers, and this may have been one of that denomination. I will add that this woman had a little daughter about nine years old, who had an extensive ulcer upon both legs in the anterior region, which, from the appearance, and from some facts admitted as to the family history, may have been specific.

The husband and father is said to have been *scrofulous* at one period of his life. This is somewhat verified in the condition of wife and daughter. The child was not treated with any degree of satisfaction, and some decisive measures only will effect a cure.

CASE V.—Nov. 8, 1870. Dorcas McG——, colored, not over 20 years of age. Was called in and found her complaining of severe abdominal pain, with considerable constitutional disturbance. Found, on examination of the hypogastric region, a hard tumor, or rather, congeries of tumors, a little to the right of the mesial line. Prescribing some temporary palliation, I saw no more of her till September, 1871, when I was called in for some indisposition, the nature of which I do not now remember. The tumefaction above alluded to still remained. Saw her no more until this day, April 30, 1873.

Was called in at 4.30 P. M., and found she had given birth to a child an hour or two previous to my arrival. Found her with a slow, feeble pulse, limbs in a clonic spasm, and flowing freely. Immediately introduced my hand to the vagina and found it filled with coagulum, with a firm clot in the cervix uteri. By conjoined manipulation, and removing clots from the os, the flow stopped, but the spasms continued at intervals of five or ten minutes. Gave full dose pulv. Dover and acetate lead. Applied sinapisms to ankles, and soon after gave ten grains pulv. ipecac.

7 P. M. Called and found her entirely free from spasm, but considerable nauseated from the ipecac. Uterus firmly contracted, and no flowing. After pains severe. Left two Dover's powders, to be given at intervals of four or five hours. To have some light nutriment.

May 1st, 8½ A. M. Had a quiet night. Pulse soft, full and slow. The right iliac region is the seat of a hard, movable tumor, as large as a cocoanut. It has, on its anterior presentation, an angular or sharp feel, like the edge of a flattened boulder. Posteriorly it appears to extend quite deeply. Detached from and independent of the womb, and is probably ovarian.

Learned this morning that she is 23 years old. Has had two children previous to this. The first lived ten months. The second was premature, and was not alive. Has never been regular, and always suffered at the menstrual period. Has had spasms or cramp fits from childhood, most apt to occur at the

"month," or when unduly excited. Could generally work for some weeks at a time, and then would have a sick turn. She says the tumor came about three years ago. It is no larger than when I first examined it, and has no more definite shape. She says when first noticed it was about the size of a hen's egg.

The hemorrhage in this case appears to have been excessive, from the lodging of a coagulum in the cervix, which acts in the same way as we often see in abortion in the early months, from lodgment of placenta or membranes. It is very important to examine, in case of hemorrhage after delivery, with a view to ascertain if such a condition does not obtain.

The nauseating effects of the ipecac seemed to equalize the circulation, and obviate hemorrhage as well as the spasms.

I have not heard from this girl since the time last mentioned. *Girl* she is *still*, and we see much of this social status among the darkies. The medical man is often called to attend females in labor, when no *man* will be seen standing about as if particularly interested. Should this patient in future come under my professional notice, the condition will be noted for perhaps further report.

The above cases are reported, not from any intrinsic novelty attached to them, but because their consideration suggests some thoughts regarding the diseases of females so commonly found in daily practice. We find most of the cases of uterine disease which are reported in the journals, or made a basis of illustration in the standard text books upon gynæcology, are persons from the lower classes.

Such cases find their way to hospitals and infirmaries in the larger cities, and thus we hear of them; but in the smaller towns, where there are no public institutions for their treatment, the private practitioner will find more or less of them.

There is a reluctance on the part of most women, however sadly afflicted, to consent to topical treatment, as well as to even mention their ailments to the physician. Again, there are comparatively few women who will have the patience and confidence in medical men to be treated for months; for it is generally conceded by writers that six months is a short period in which to expect much benefit from medication.

Again, many good physicians are disposed to be skeptical in regard to the topical treatment of uterine disease, and either from a sincere belief in such opinions, or a disinclination to give the subject proper attention, their influence will deter more or less of those who may be subjects for treatment from applying.

Thirty years ago, in country practice, leucorrhœa was treated, if at all, by means of vaginal medication alone. I recollect prescribing tr. cantharides, pushed to strangury in leucorrhœa, with occasional good results. I well remember, as long ago as 1848, being consulted by a lady who was troubled with leucorrhœa, among other ailments, and when that remedy was suggested, she objected: "Because," said she, "if the whites are cured, I shall become pregnant."

It appears that she had known cases in which pregnancy followed the use of cantharides. This showed that sterility was a result of the discharge, and it must have been uterine to cause such a condition. I had begun to notice at an early period of practice that leucorrhœa and sterility were concomitant conditions, but never found but this one case where a cure of the one was supposed to obviate the other.

One remark in reference to carbolic acid as a topical remedy in uterine disease. It appears to possess all the virtues attributed to nit. silver, without its objectionable qualities. A medical friend, well qualified from personal observation to judge, once told me that he had ceased to use stick nit. silver to the cervix, on account of the danger of vaginal inflammation being caused by the dissolved salts flowing from the parts touched into the posterior cul-de-sac. Carbolic acid has no such effect, and appears to be sufficiently caustic for all practical purposes. We find, too, that its use is becoming quite common in the hands of medical men in all parts of the country. I am becoming more and more satisfied with the effects of ergot in effecting a removal of engorgement in the womb, and as an agent in promoting postpartum involution it has great claims, not only given alone, but in combination with other medicines which may be indicated.

Further, the use of aloes has been by many considered as contra-indicated in many pelvic diseases, but in my hands the pil. rhei compos. has been a safe and very effective laxative in uterine derangements, attended with menorrhagic flow. From its effect upon the portal system, as an alterative, it will diminish rather than promote sanguineous discharges, especially when passive.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Service of John H. Brinton, M. D., one of the Surgeons to the St. Joseph's, and to the Philadelphia Hospital, etc.

SURGICAL CLINIC,

Wednesday, December 3d, 1873.

[Reported by Alfred Whelen, Student of Medicine.]

GENTLEMEN:—In entering upon my clinical service for the winter, it may, perhaps, be well for me to allude now to the objects I have in view in these lectures. Briefly stated these are: first, to teach you, from the cases of general surgical interest here collected; secondly, to draw your attention especially to a class of cases in which our wards are very rich, to wit., those of a venereal nature, and to affections of the genito-urinary organs.

The two classes of troubles last mentioned are met with here to a greater extent, certainly, than in any other institution in this city. I am happy to be able to state that, by the wise and liberal regulations of the governing authorities of the Philadelphia Hospital, we, the Surgical and Medical staff, are permitted to display before you, for your improvement, this wealth of material; and I would counsel you now diligently to use the opportunities of observation which you here enjoy.

I am quite sure that I need not tell you in what spirit our demonstrations of such cases should be received. I know that you will respect the feelings of the patients who throng our arena, the study of whose sufferings is made to minister to your instruction. Of the men and women here gathered, almost all are miserable, and many are vicious. Their friends are very few; but you will remember that, though clad in the motley of this house, these poor people have still their own sensibilities, which, mayhap, a careless laugh may wound. Be, then, on your guard; for surely, gentlemen, no cry can sooner rise heavenward than that which comes from a wounded spirit, even though it be "in forma pauperis."

Phagedenic Chancres.

The first case to which I will direct your attention is one which, by the kindness of one of my colleagues, I exhibited and operated upon before you, ten days ago. This is the history:—

Caroline S., æt. 19, an inmate of the venereal ward, was admitted into hospital about three weeks since. She was then suffering from two chancres, each about two inches in diameter, and situated upon the opposing surfaces of the buttocks. These sores, or rather, the left one, had been contracted two weeks prior to her admission, and the right had followed from local inoculation. Both were phagedenic in their nature, and were extending in depth and area with great rapidity.

On the 15th of November I brought her before you for the purpose of cauterizing the phagedenic chancres of the buttocks. You may recollect that I etherized the patient, and then, having first scraped away the sloughs with a wooden spatula, that I applied bromine to the ulcerated and disintegrated surfaces of the sores. The strength of the application was as follows: Bromine, one fluid-drachm; water, two fluid-drachms; and about thirty grains of the bromide of potash, to make the solution.

I told you at that time that I was quite sure the use of this agent would effectually put an end to all ulcerative action, and that granulation would rapidly set in. From a long experience, I have been led to repose great faith in the powerful action of this caustic, the introduction of which into practice we owe to Dr. Middleton Goldsmith. At the same time, when using it, it is well to look to the general treatment of a patient. In this case the subsequent treatment has been thus conducted: Immediately after the brominization, I directed cloths dipped in oil to be placed upon the cauterized surfaces; a few hours later these were removed and a flaxseed poultice was kept on until after the separation of the slough. This was effected in about two or three days.

It then became necessary to care for the fresh granulations on the surface of the sores. In venereal ulcers these are always weak and feeble, and require gently stimulating applications. For this girl I ordered iodoform, twenty grains to the ounce of simple cerate, the dressing to be renewed thrice daily. I also requested my resident, Dr. Keating, to watch the sores carefully, and if any grayness of surface made its appearance, to brush the parts lightly, very lightly, with the solid nitrate of silver. At the same time, the patient was ordered twenty drops of the muriated tincture of iron four times a day, with the best diet the house affords.

All of these directions have been faithfully carried out; and you can see for yourselves the result. The surfaces of the sores have lost their gray and softened appearance; they are red, vascular, and granulating; the process of reparation is fully established, and will go on, I doubt not, to a rapid cure. My resident tells me, that as the muriated tincture of iron disagreed to some extent with her stomach, he found it necessary to substitute for it the syrup of the iodide of iron. This was eminently proper; you will often observe that the first mentioned agent cannot be borne by the stomach, while the latter can be readily tolerated. The potassio-tartrate of iron in full doses, say from twelve to twenty grains three times a day, is also a favorite remedy with many, in arresting phagedena. I shall in a few days bring this girl before you again, when I hope to be able to show you a still more marked improvement in her case.

Gonorrhœal Epididymitis.

The next patient you will recognize as an old acquaintance; a man aged thirty, a

carriage driver by trade. You will recollect that he had a slight gleet, accompanied by stricture, and when I last exhibited him to you he was suffering with an acute epididymitis; swelled testicle, as it is usually, although erroneously, called. The treatment instituted in your presence a week ago was leeching over the cord and the upper part of the scrotum, rest in bed, the application of a mercurial plaster over the scrotum and cord, and a suspensory. The general treatment directed was a good dose of salts, and if the inflammation should prove obstinate, small nauseating doses of tartar-emetic. These latter were not, however, necessary in his case.

You observe now his improvement. The organ has resumed its natural size, and there is no tenderness on pressure. The gleet has disappeared as a result of the enforced rest, and the stricture, which was very slight at all times, has ceased to trouble him. He will be sent out of the house in a day or two, cured; but only for the time, I imagine. Exposure, hard work, any excess of a venereal or spirituous nature, will be apt to produce a recurrence of his trouble. As for this little button, this induration of the globus major, it will remain for a long time, perhaps for life. I cannot tell you how often I have detected this tell-tale relic of past weaknesses in testicles whose morality might be regarded as beyond suspicion.

Venereal Vegetations.

The next case is one of common occurrence in our wards: venereal vegetations springing from the mucous membrane of the gland and penis. This boy, aged nineteen, came into the hospital with a swollen and temporarily phymotic penis. He said that he contracted gonorrhœa in April last, and that he had a chancre at the base of the gland, of several weeks' duration. The prepuce was greatly inflamed. I attempted by soothing dressings to get rid of the inflammation, but a slough in the meantime threatening on the dorsal portion of the prepuce, it became necessary to relieve the tension. This, Dr. Keating did, on the 26th of November, and exposed this mass of vegetations. Look at them; see how they surround the base of the gland, and how they stud the under surface of the prepuce.

What is their nature, their significance, their treatment. These questions I will answer very briefly. First, as to their nature. These vegetations, or venereal warts, are really outgrowths, or hypertrophies of the cutaneous papillæ. When of long continuance, the deeper fibrous and elastic layers of the corium are involved; in this respect venereal warts differ somewhat from ordinary warts, which are truly hypertrophied papillæ. Venereal warts, too, are more vascular than the common wart. At times they are pedunculated, a little vessel often, too, passing up in the pedicle. They may occur singly or in isolated groups; more frequently, however, they are widely extended, forming little forests of vegetations, and covering to a considerable extent the gland and the mucous layer of the prepuce. The French writers take a horticultural view of these growths, and describe them as raspberry, strawberry, and cauliflower vegetations. The patient before you, I think, could be assigned, not inaptly, to the latter group.

Are venereal warts contagious? I think not in themselves. I believe that their secretion is most likely inocuous. But you must remember that these growths generally spring from moist mucous surfaces, and that in all probability they are caused by hot acrid secretions of a filthy, gonorrhœal, or syphilitic nature. Often, too, these secretions, as in the patient before you, have been confined and pent up. I assume, then, that these growths, although they occur with syphilis, are not truly of a syphilitic nature, and do not require to be so treated.

What then shall be their treatment? In one word, removal; either by the knife or scissors, or by the use of caustics. Where their bases are not broad, and where the groups are isolated, I usually nip them off with a curved scissors. In other cases I apply nitric acid thoroughly to the surface; and it is surprising how soon they wither and fall off. I might add one remark as to the use of the scissors in these vegetations, which spring from the deeper surface of the skin. Sometimes, then, as I have just told you, they have a vessel, not always so very little, in their centre, and troublesome hemorrhage is not at all impossible.

I recollect just such a case, which occurred in my practice many years ago. I was called upon by a young woman of easy virture to remove a small group of vegetations which sprang from the skin just outside the vulva. One of these vegetations was pedunculated, the pedicle being no larger than a knitting needle. I snipped off the growth with my scissors, and there was no bleeding whatever at the time. Some twelve hours later, at early dawn, I was hurriedly called to see this woman, and found her exsanguine—the bed and bed-clothes saturated with blood. The explanation of all this was simple; my frail patient had been visited by her lover, and, as the result of venereal excitement, hemorrhage had set in. On examination I detected a small artery in the divided pedicle of the tumor vigorously pumping out a jet of blood. A hare-lip pin and a figure-of-8 thread promptly arrested the trouble. So you see from this how troublesome hemorrhage may sometimes occur from an apparently insignificant source.

In the case of the patient before you, I shall nip off with the scissors such vegetations as have narrow bases. Those with broad attachments I shall touch with nitric acid. This has already been done once by my resident, and very probably its reapplication may be necessary. Of course, the constitutional state of this man will be looked to. He is in poor condition now, and I will order him cod-liver oil and the syrup of iodide of iron. In the event of any syphilitic taint

becoming visible, he will be specifically treated.

Phymosis—Chancroid.

The next case is one of some interest, at all events, as to the treatment. This is his history:—

Thomas F., aged 37, a Philadelphian, was exposed to venereal contagion on the 8th of November last. He now presents himself for treatment. His prepuce, as you see, is greatly swollen, and at that portion corresponding to the edge of the gland it is thickened and indurated. From the orifice, a bloody, purulent secretion can be squeezed out. He says that he has always had difficulty in uncovering the head of the penis, and he adds that before this excessive phymosis set in a large ulcer had developed at the base of the gland. This occurred three weeks ago, and the sore, he adds, has never been cauterized.

Now what, gentlemen, shall I do in this case? Shall I let the man alone, and trust to emollient applications, in the hope that the phymosis may disappear, so that I can treat the sore, or shall I slit up this prepuce at once? This is a nice question to decide. A great deal may be said, pro and con, and treatment in either direction is open to adverse criticism. Let me examine the organ carefully. I feel at the base of the gland much thickening, and from the peculiar sensation, and from the bloody discharge, I am sure that there is a large open sore, which I believe is extending, and which ought to be cauterized. From the tension of the skin, also, I am led to think that, left to themselves, the integuments will run into gangrene and slough, as in the preceding case. Now, if I slit up this prepuce, it may be that I will expose the man, possibly, to autoinoculation, but this I shall trust to avert by the free use of nitric acid.

Of one thing, however, I am sure, viz., that that underlying sore (soft chancre or chancroid) should be cauterized and destroyed, and I can only, I imagine, reach it by a dorsal incision. I shall therefore etherize this man (ether administered), and shall, as you see, endeavor to retract the foreskin. This, you observe, is impossible, so great is the swelling and induration. I now carry my director between the prepuce and the gland, and slit up the tissues with my scissors. As I retract the parts, you notice three ulcers; one an inch or more long, at the point of preputial reflection, and two others, smaller ones, on the dorsal surface of the gland. I cauterize all three thoroughly with the fuming acid, and I do the same to the raw edges of my incision. By this proceeding I have exposed the sores, placed them in the best condition for reparative granulation, and, in my opinion, have thus done the best for the man which his condition admits of. I will, however, bring him before you again, so that you may observe his progress.

Stricture of Meatus.

Before closing this lecture, I have one case to bring before you requiring a slight operation. The patient is a white man, aged 30, who suffered from a sloughing ulcer of the meatus some six or seven weeks ago. The extreme end of the organ was destroyed, and you can observe the resulting deep pit or depression. At the bottom of this pit is the opening of the urethra, through which I with difficulty insinuate a probe, and as I carry it upward I find a greatly narrowed and constricted canal for the extent of three-quarters of an inch. The man tells me he can scarcely void his urine at all, and only with great straining, and drop by drop. He says he often feels as if his bladder would burst.

You will readily understand that this is a condition which must be relieved at once, since, if allowed to continue, serious disease of the urethra, higher up, or of the bladder and associated organs, might occur. Notice the treatment. I give this man a little sniff of ether, and then with a probe bistoury I divide the stricture its entire length. I can now readily carry this No. 12 English sound into the bladder. The stricture is fully dilated. I shall direct an instrument to be introduced daily until cicatrization shall have occurred, and even then I shall furnish the patient with a large bougie and instruct him to introduce it at least once or twice a week. These strictures near the meatus, though at first sight simple, are apt to recur, and really are oftentimes quite intractable. But this is a matter concerning which I will speak to you hereafter.

Editorial Department.

Periscope.

The Value of Croton-Chloral Hydrat.

Dr. B. Baker writes to the *British Medical Journal*:—

The profession and the public are chiefly indebted to Dr. Oscar Liebreich for the introduction of chloral hydrate; and this obligation is further increased by the addition of croton-chloral hydrat, which will doubtless prove an equally valuable therapeutic agent. It is of the greatest service in cases of nerve-pain. Every sufferer from neuralgia is anxious to obtain speedy relief from pain; this may be obtained by taking croton-chloral hydrat, and then the antecedent causes of the neuralgia may afterwards

be inquired into and treated accordingly. The following cases are interesting, as showing the immediate relief from pain that this drug affords.

A. suffered from facial neuralgia of a most severe character; it affected her hearing and eyesight. She could not rest or take food. She took one grain of croton-chloral hydrat every hour. In three hours she was considerably better. After taking three more doses, she was entirely free from pain.

B. suffered much from facial neuralgia dependent on decayed teeth, and had not been able to take food or sleep for three days. She was ordered croton-chloral hydrat in grain-doses every hour, and obtained great relief after two doses. Six doses removed the pain completely. She slept that night.

C. This patient suffered from concussion of the spine, caused by a railway accident some years ago. She has had every variety of treatment for the pain she suffers in the spine and the nerves proceeding therefrom. She took potassium bromide, gr. twenty, and croton-chloral hydrat, gr. one, three times a day, with marked relief and no bad symptoms.

E. This is a young dyspeptic and neuralgic patient, and suffers greatly from dysmenorrhœa. She took two-grain doses when the paroxysms of pain came on, with marked relief.

F. has been under treatment for various neuralgiæ for some years. She has had, at one time or another, almost every external and internal therapeutic agent in the *Pharmacopœia*; strychnia, iron, quinine, ammonium, chloride, aconite, belladonna, iodine, bromine, blisters, hypodermic injections, galvanism, together with baths and other hygienic appliances, including change of air. In this case, two grain-doses of croton-chloral hydrat every hour afforded more speedy relief from pain than any of the above remedies. After taking eight grains, she was almost free from pain.

In thirteen patients who have taken croton-chloral hydrat, not a single bad symptom has been observed. In grain-doses, it relieves pain quickly; causes natural sleep; no subsequent headache or furred tongue. In several cases it acted as a gentle laxative.

The Diagnosis of Sub-acute Ovaritis.

This affection was described by the able gynæcologist, Dr. EDWARD JOHN TILT, of London, in a late paper. He suggested that the undervaluing of the part played by sub-acute ovaritis as a source of disease in women partly depended on the lamentable facility with which many practitioners, wherever there was pain in the ovarian region, inferred the existence of ovaritis, partly on account of the real difficulties of diagnosis, of which he gave some remarkable instances. He intimated that another reason might, however, be found in the difficulty of making examinations in young unmarried women. He had found that the most frequent sexual diseases during this period of life (between 15 and 25) were sub-acute ovaritis and inflammation of the neck of the womb. When the disorders of menstruation resisted good hygienic and medical treatment, he believed they were generally due to subacute ovaritis and cervicitis. The symptoms of cervicitis he described to be the habitual painless passing of a moderate amount of muco-purulent vaginal discharge, with habitual pain in the back; those of sub-acute ovaritis, were constant dull pain, deep in the ovarian region, much increased by firm pressure, and extending to the thigh and leg; mammary symptoms, disturbed menstruation, and hysterical phenomena. The positive sign of sub-acute ovaritis was the finding of an ovoid, smooth or slightly indented lump beside the womb, or in Douglas' pouch, pressure upon which, caused by the practitioner's finger or during coitus, caused an overpowering and sickening sensation of pain and debility. It might be necessary to confirm this diagnosis by a rectal or recto-vaginal examination. The author expressly stated that it would sometimes occur to a practitioner, making a first vaginal examination, that instead of finding any ovarian disease, as he expected, he would detect cervical disease, and in other cases, sub-acute ovaritis would be found, when the symptoms would lead him to expect cervical inflammation. He concluded by describing the line of conduct to be adopted by the surgeon for the management of each of the three classes, and sketched the treatment most likely to cure them.

On Dengue Fever.

This disease, otherwise known as "break bone fever," prevails in our Gulf States. An article on its character and treatment as noted in India appears in the London *Medical Times and Gazette*, from the pen of Dr. MUDEEN SHERIFF, a Mohammedan surgeon. We quote his views on treatment:—

"Whether severe or slight, dengue was very amenable to treatment. The attacks were readily cut short by medicine, and removed finally by quinine. A dose of purgative or emetic was the first medicine used in most cases, and was followed immediately after its action by a saline or diaphoretic mixture, or by James' powder. The diaphoresis ensuing from the above medicines generally relieved the attack, or produced an abatement, in six, eight, or twelve hours, and sometimes, in severe cases, in twenty-four or thirty-six hours. Occasionally the medicines were not successful in producing the desired effect until they were assisted by the use of warm or foot baths. As soon as the fever subsided, quinine was administered in four or five-grain doses every three or four hours, which either checked the fever at once, or converted it into remittent or intermittent. In case of conversion, quinine and diaphoretic medicines were used alternately for a few days longer, or until the attacks were finally cured.

"The headache was relieved generally by foot-baths, and sometimes by cold application to the forehead; the articular and muscular pains by fomentations, liniments and warm baths; and convulsion by warm baths, ice or cold lotion to the head, leeches to the temples, blister over the neck, and mercurial purgatives. Among the patients suffering from articular pains after the attack of dengue there were some very severe and obstinate cases, requiring active treatment of rheumatism, including leeches, blisters, and alkalines.

"Though not a malarious disease, dengue is greatly influenced by quinine, and I may cite my own case in illustration of this fact. In the middle of September, while engaged in attending upon a great many cases of this disease, I began to feel occasional pains and stiffness in my joints and back, from which I thought I might get an attack. A few days afterwards the pains were suddenly increased on one morning, with a slight fever and headache, and continued to get worse, till they were very severe in about six hours. Being now certain that I was laboring under dengue, I took five grains of James' powder with warm tea, and repeated it in every second hour until three doses were taken. The third dose made me very sick at the stomach, and produced one broad motion. About this time I felt some sweat about the neck and forehead, to increase which, and to relieve the headache, I put my feet in hot water and covered myself up with shawls. In about half an hour afterwards I was in perspiration, which almost relieved the attack. Immediately after this I began to take quinine every third hour, in four-grain doses. Next morning I was able to do my duty as usual, and felt no inconvenience, except a little stiffness in the back, fingers, and toes. In the early part of October, about a fortnight after the first attack, I again felt a severe pain and stiffness in the back, which extended in two hours to several joints. I took eight grains of quinine at once, and repeated it in four-grain doses every third hour. In about eight or ten hours I was almost free from the above symptoms. About a week after there was a second relapse (third attack) of the pain and stiffness, which disappeared again under the use of the same medicine. After this relapse I continued the use of quinine in a small quantity for some days, and suffered no more from the symptoms of dengue.

Nævus Treated by Croton Oil.

It appears, from the *London Medical Times and Gazette*, that Dr. DE SMET communicates to the *Presse Medicale Belge* an account of a case of nævus which he has successfully treated by means of croton oil. He observes that when the nævus is visible, vaccination is objectionable on account of the cicatrices which are left; and moreover, as in his own case, the child has frequently been already vaccinated. In this case the girl, five years of age, had a small nævus, which was situated immediately below the lower eyelid. Numerous small superficial vessels also converged towards it, the nævus, including these vessels, being a little larger in size than a half-franc piece, and having a slightly projecting centre. After perchloride of iron had been tried without avail, the croton oil was resorted to. Fifteen sewing-needles were passed through a cork so as to allow their points to project for about two millimetres, and the points were so disposed as to represent as nearly as possible the form of the nævus and the direction of its chief vessels. The cork was then dipped in croton oil, and having been applied exactly over the nævus, the points of the needles were quickly forced into the part. Painful at the moment, this inoculation only left after it a slight sense of heat and pricking. A little wadding constituted the dressing. Next day there was some swelling and a little vesication, but no pain. On two occasions, at intervals of two or three days, the part was slightly painted with the croton oil. The success was complete, the nævus completely disappearing, and the vessels becoming obliterated, so that no trace of the malady remains.

The advantages of the plan of treatment consists in the entire absence of cicatrix, its easy application, the little pain caused, and the rapid effect produced, the patient in this case being cured in a week. Of course it would not be applicable when the nævus is deep seated and its vessels are voluminous, but it is well suited for cases where the nævus and vessels are superficial, and especially when the child has been vaccinated. Probably in some cases repeated frictions with the oil might suffice, but when the vessels have attained a certain magnitude their obliteration requires the punctures.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The original edition of Lamarck's "Philosophie Zoologique," which appeared in 1809, has been reprinted with scrupulous fidelity by M. Charles Martins. The work marks the point of departure for all theories of evolution, and entitles France to claim a considerable share in the movement of which Darwin is the greatest representative, and which is now affecting so profoundly the philosophy of natural science. M. Martins prefaces it by an introduction, treating of the biography of Lamarck, and bringing forward unknown facts relating to that *savant*, facts which were beyond the reach of contemporary appreciation, but which prove him to have anticipated at the commencement of the nineteenth century many of the most striking generalizations of living naturalists.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DEC. 20, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

NOTICE—1874.

☞ We ask our readers' attention to the notice in our advertising pages, of the terms for the REPORTER, COMPENDIUM and POCKET RECORD, for 1874. We especially request *early remittances*, so that there will be no cessation of the journals from neglect of advance payments.

THE PROPAGATION OF TUBERCLE BY MILK.

The study of tuberculosis is one of the most obligatory on the medical world of this age. There has been decided progress in prolonging life in this disease within the last thirty years, at least, Dr. WILLIAMS, the most distinguished English authority, says so. But its curability is just as far off as ever.

Our most popular and potent remedy is precisely the same which the Sanscrit physician Sucrutah recommended in the Ayur Veda, before the Christian era. He prescribed fats and oils, especially melted butter; and cod oil and butter are still our standbys. What results this or any medication has on the disease, is evident by glancing at the mortuary statistics of the principal capitals of Europe. Deaths from phthisis range from 24 3-10 per cent. in Vienna, 19 per cent. in Brussels, 14 per cent. in Bordeaux, down to 12½ per cent. in London, which is the lowest.

Thoroughly dissatisfied with what these figures teach about treatment, we should study all the more the *prevention* of the disease. Passing from the well-known predisposing causes of foul air, poor food and exposure, we wish to call the earnest attention of our readers to one cause, hitherto unsuspected, but which may prove of the most vital moment to public health.

At the last meeting of the French association for the advancement of science, M. Chauveau gave to the section what he termed a demonstration of the Transmission of Tuberculosis by the Digestive Organs. He observed that his numerous observations enabled him to state that if the healthy young of animals susceptible of tuberculosis were fed with food with which the matter of tubercle was mixed they would all exhibit tuberculosis in various organs. In anticipation of this meeting he had purchased some healthy calves, and having had them fed as described, on slaughtering them the sixtieth day after the first ingestion the lymphatic system was found extensively tuberculized, while caseous deposits existed in the lungs. This thesis he demonstrates most conclusively, and he is supported in his inferences by an apparently wholly independent series of experiments carried on by Dr. KLEBS, in Germany, which he has recorded in one of the recent numbers of the *Archiv fur Experim. Pathologie* (Heft ii, 1873).

Dr. Klebs asserts that the milk of tubercular cows brings on tuberculosis in various animals. The affection generally commences with intestinal catarrh, followed by tuberculization of the mesenteric ganglia, the liver, and spleen, and ending in extensive miliary tuberculosis of the thoracic organs. Infection by means of the milk may be without result in vigorous organisms;

and the author has even seen full-formed tubercles resorb and disappear through cicatrization. It is likely, adds Dr. Klebs, that the tubercular virus is contained in varying proportions in the milk of cows which are more or less diseased, and that scrofulosis may occur in children born without tubercle through the milk of an unhealthy mother or wet-nurse. In conclusion, the author expresses the view that the virus is contained in the serum of milk, in a dissolved state, and that it is not destroyed by boiling, which is ordinarily insufficient.

If these facts are not over-stated, and they do not seem to be, what a dangerous article must be that which is measured out in thousands of gallons daily, in all large cities, the product of phthisical cows, fed on distillery slops, and choked with foul odors! The milk of one tuberculous cow will contaminate that of the whole dairy when mixed in the cans.

The propagation of typhoid fever by milk has been only too clearly shown in London this year; and now have we not to lay to the charge of the same fluid the maintenance of a part of the terrible prevalence of phthisis among us?

Notes and Comments.

The Venereal Disease of Horses.

It is not generally known that there is a contagious venereal affection among horses. This malady, which has received a number of names, such as the *epizootie chancreuse*, *maladie du coit*, *typhus venerien*, *syphilis du cheval*, etc., by the French veterinarians, and the *beschälkrankheit* and other names by the Germans, was unknown, it seems, before 1796, when Ammon observed it in North Persia. It is believed to have been seen in Russia before that period, and Renner witnessed its effects in the Imperial stud. It always prevails with most severity in Southern Russia. It has spread since it was first observed to various parts of Prussia, Hanover, Bohemia, Hungary, Silesia, Switzerland, Wurtemberg, and France. It has shown itself in Algiers since the French occupation of that country. The symptoms are said to be local at first, somewhat resembling those of human syphilis; the secondary effects are cutaneous eruptions, nervous affections, paralysis, and a lingering death. Its contagious character has been fully ascertained, and legislative measures have been successfully adopted in some countries to check its ravages.

Adulterations of Tea.

It would appear from recent English investigations that all green tea has a "mineral face" put on it; and that all varieties are falsified, adulterated and mixed. Pleasant reflections.

Physiological Effects of Altitude.

A recent book of travels in Asia, by Dr. Henderson, contains an interesting statement of his experience on high altitudes. A few days out from Lé, they had to cross a pass, the Chang-la, 18,000 feet high. In so doing almost every one suffered from the rarity of the atmosphere; in one case the pulse went up to 100, the respirations to 22 per minute. Some complained of a feeling of suffocation, and could not sleep; but a few deep inspirations relieved this feeling. Intense headache was complained of, with great prostration of mind and body, the temper became irritable, and there was most distressing nausea. In some the lips became blue; and in another case the temperature, as indicated by the thermometer, sank one or two degrees. Such is the exceedingly interesting account given of the effects of great rarification of the atmosphere by Dr. Henderson. We may mention that here the barometer stood at 15·73°, the thermometer at 61° Fahr., and water boiled at 181° Fahr.

Treatment of Diphtheria.

Dr. Lolli strongly recommends the following measures, having found them extremely efficacious:—1. Avoid cauterizing, except when gangrene occurs. 2. Do not have recourse to bleeding, purging, or emetics, unless you are forced to do so by exceptional symptoms. 3. Diet, according to appetite; but at all events generous. 4. Do not interfere with the functions of the skin, or rather

promote them by rest in bed, poultices, sinapisms, etc., and persevere until, from the general or local symptoms, it may be supposed that the morbid principle has been eliminated and destroyed. 5. The following mixture, more or less concentrated, is to be used internally or externally, or else by means of the inhaler, when the disease has reached the larynx:—Take lime water, from four to twelve ounces; solution of sesquichloride of iron, half a drachm to two drachms; carbolic acid, from one to twenty grains; honey of roses, one ounce; shake the bottle well; to be used as a gargle or application with a camel-hair pencil every second hour. Some of the above mixture may be diluted with four, six, or eight parts of water or tea, and given in tablespoonfuls every second hour, one hour after each local application. Dr. Courty, of Montpelier, advocated the same means many years ago.

Senile Gangrene.

Soaking the limb in a solution of muriate of ammonia has been recommended for this disease. A case differently treated is reported from the Hospital La Pitié. It is eminently illustrative of the good effects of the oxygen bath in cases of senile gangrene. The patient was a man of about fifty. The case began with atrocious pain in the toes of the left foot, and the large toe and the next one soon assumed a dark-red color, the patches extending in small ribbon-like lines to the articulation of the foot and leg. It was impossible to mistake the beneficial effects of the application of oxygen; the symptoms were instantaneously amended. The pain ceased immediately. On removing the oxygen experimentally, the pain returned and the other symptoms got worse. An eschar formed on the large toe has now fallen, and all that is at present left of the disease is a slight pinkish hue of the two toes, extending a little up the foot.

The Diagnosis of Lipomata.

An excellent suggestion is made in a French journal. A character peculiar to lipomata resides in the property belonging to all fatty tumors, of hardening under the action of cold. When, after the use of ice or the ether spray, in the case of a doubtful tumor, the growth is felt to become harder, the presumption is that the case is one of lipoma.

Novel Hygienic Precautions.

The Chinese are a queer set. Among them is a sect of the Tauist religion, whose practice of tenets contributes greatly towards finding work for the lithotomist. This sect ordains that all its disciples shall practice *kung-fu*, or medical gymnastics, with the view of strengthening the constitution and preventing disease. One of the customs is the introduction of a short lead bougie into the urethra at night, removing it in the morning. Lead bougies are also used for the cure of gonorrhœa, and in the impotence following opium smoking. They are of various sizes, and when about to be introduced are first rubbed with mercury. The person carries on the habit for years, and is convinced that he thereby not only strengthens his system, but especially improves his complexion.

The Curability of Consumption.

This is the attractive title of a very excellent article in the *Deutches Archiv fur Klinische Medicin*, June, 1873, by Dr. Massini. He shows, first, that true tubercular consumption *is* curable, as post-mortems of persons dying with other diseases prove. That it is communicable he also attempts to prove, and hence he disapproves of consumptives marrying. The means of prevention are general and special. His enumeration of them includes nothing novel, but with most of the later German authorities, he is strongly in favor of elevated health resorts—pure mountain air.

Sugar and Magnesia an Antidote to Arsenic.

The *Mouvement Medical* relates various experiments conducted by Mr. Carl, with the result of showing that sugar mixed with magnesia may serve as an antidote in cases of poisoning by arsenious acid, in which cases, too, the internal use of the hydrated magnesia is most valuable.

Physiological Effects of Alcohol.

Another careful study of this much studied subject is given by Dr. Riegel in the *Deutches Archiv fur Klinische Medicin*, Sept., 1873. He does not find the decrease in temperature so marked as other observers, and concludes his essay in these words: "I hope to have shown by my investigations that the use of alcohol, in cases either with or without fever, has not those dangers which have been attributed to it, and therefore that its employment as

a medicine should be more free than has hitherto been the case. On the other hand, I believe I have disproved the enthusiastic and over-wrought praise of alcohol as one of the best anti-febrile means at our command."

To Remove Venereal Discolorations.

It is often desirable to effect the removal of the pigmentary spots which syphilitic eruptions, and especially ecthyma, leave behind. Of a deep yellow, sometimes almost black, they are very lasting, those of the legs sometimes persisting for years, to the great annoyance of the patients. The various applications hitherto employed being of little avail, M. Langlebert, having remarked that blisters which had been kept open only for a few days leave, especially in individuals of a dark complexion, white traces that are well-nigh indelible, applied in an old case of syphilitic ecthyma small blisters over the syphilitic patches, and maintained suppuration for a week, by means of blistering ointment. The success was complete, and has induced him to recommend the adoption of the practice.

Cod Liver Oil in Bread.

The Parisian pharmaceutists have contrived to incorporate the oil with bread. Each pound of bread contains a little more than two ounces of the oil, or five tablespoonfuls, and three ounces of milk. Small loaves are also made which contain only two tablespoonfuls, and which altogether weigh only five ounces. These loaves are beautifully white, look extremely well, and have hardly any taste. Both children and adults eat them very willingly. In M. Bouchut's ward, at the Children's Hospital in Paris, thirty-four small loaves are brought every morning, and are looked forward to with much anxiety by the children, for breakfast. They have been largely used among private patients, and no one complains of any disagreeable taste. Five or six tablespoonfuls of oil may thus be given per diem, incorporated with the bread taken with the usual food.

Management of Mammary Abscess.

In his recently published Clinics, M. Gosselin describes two cases of mammary abscess in puerperal women, and states that his experience, chiefly gained in the practice of large towns, has led him to avoid the use of the lancet and to leave them entirely to themselves, applying warm poultices alone. He finds that they usually communicate sooner or later with the galactophorous tubes, and are thus discharged, as it were, *per vias naturales;* whereas several cases have come under his notice where incisions made with a view of permitting the escape of matter have been followed by erysipelas and death, or by most serious symptoms. Only, he says, under very favorable circumstances would he use the bistoury.

Chloral in Incontinence.

The following are Mr. William Thompson's rules in administering chloral for nocturnal incontinence:—

1. Bear in mind that chloral is not always certain in its action.
2. Only give it at night, the patient having fasted for two hours previous to going to bed.
3. Give it in full doses, and when in bed.
4. Let the patient have as little fluids as possible; beer and spirits to be entirely prohibited.
5. Not to be continued longer than a week or ten days; if benefit is not derived within that period, the case is either not one of incontinence depending on habit solely, or the peculiar idiosyncrasy of the patient prevents the beneficial action of the chloral.

Women Dentists in Egypt.

Dr. Edward Warren writes from Cairo, in Egypt, to a friend in Baltimore, that there is "a good opportunity for women dentists in Egypt, as in the East women are forbidden to consult with men." There are three or four English women practicing dentistry in Cairo already, according to Dr. Warren's letter. In all those Eastern countries there seems to be a wide field of usefulness and profit for women doctors and dentists.

The Hypodermic Use of Ether in Obstetrics.

Dr. E. Bayr, of Munich, relates nine cases in which he injected ether subcutaneously. Seven were severe post-partum hemorrhages, one was shock after an obstetric operation, the remaining one collapse. The results were favorable. He injected four or five times, the odor of the ether in the breath being the test of its absorption. In some instances he believes it would be a substitute for transfusion. No abscesses or other local trouble followed its use.

Phosphorus in Impotence.

Mr. J. A. Thompson says, in a letter to the *British Medical Journal*:—I may remark that the discovery that phosphorus is not a remedy for impotence was made by the first physician who systematically investigated the therapeutic powers of the drug, Alphonse Leroi. In 1798 he writes that although phosphorus will temporarily remove this functional disorder, without subsequent continence "*la rechute sera funeste.*" I have had the misfortune to prove this in one or two cases of impotence I hastily published as cured.

Oxygenized and Ozonized Waters.

It is claimed that these waters act as blood-purifiers, thus aiding nutrition, and acting antiseptically. Dr. LENDER, of Berlin, has studied and written much upon them, and KREBS, KROLL & Co., of that city manufacture them. A pamphlet sent us, *De l'oxygene electrique et de l'emploi therapeutique des eaux dites d'oxigéne et d'ozone*, extols their employment, and advises us that by their use "we can avoid more than one of the evils of advancing years, and fortify ourselves against the maladies to which age is a prey, as gout, stone, apoplexy, aneurisms, etc."

Laugh and be Healthy.

The physiological benefit of laughter is explained by Dr. E. HECKER in the *Archiv fur Psychiatrie*:—

The comic, like tickling, causes a reflex action of the sympathetic nerve, by which the calibre of the vascular portions of the system is diminished, and their nervous power increased. The average pressure of the cerebral vessels on the brain substance is thus decreased, and this is compensated for by the forced expiration of laughter, and the larger amount of blood thus called to the lungs.

Local Use of Iodoform.

This substance has been used by Dr. Parrot in sloughing ulcer of the vagina, with great success. Generally in two or three days it stops the extending course of the disease, and cicatrization rapidly takes place. Iodoform is as successful in these cases as in bubo or fungous sores. It must be applied plentifully. The sores must be first well washed and cleansed, and then covered entirely with the powder. Sometimes, when the ulcer is very moist and there is much loss of substance, it is useful to put on two dressings daily.

Phthisis in Brazil.

The causes of the marked increase of phthisis in Brazil in the last 20 or 30 years are studied by Dr. WUCHERER in the *Deutches Archiv fur Klinische Medicin*. He attributes it to the greatly augmented use of alcoholic beverages, of tobacco, and the general aping of European modes of dress, food, and amusement, mostly ill-suited to a tropical climate.

A Poisonous Anilin Color.

The dye stuff called *rosa*, or *rosanilin*, which gives a beautiful carmine color, is an arseniferous production allied to arseniate of lime, and is soluble in lactic acid. It is used in lithography and for painting wooden vessels, etc. As it is very poisonous, it should never be employed in confectionery, and bright red sugar sticks should not be given to children.

CORRESPONDENCE.

Dengue Fever.

EDS. MED. AND SURG. REPORTER:—

This is a peculiar form of fever, that I think never prevails at the North, or malarious West. At least I do not recollect meeting with it in my practice in that latitude. I think this a peculiar type, a growth of Southern climes, of tropical and semi-tropical countries. In its symptoms and pathological phenomena, it has more affinity to yellow fever than any other disease, without its fatality. Although subjected to the most intense suffering, a patient seldom dies. It is most usually and generally prevalent in seasons of epidemic tendency in the atmosphere to yellow fever, or when yellow fever prevails in a sporadic form. If an epidemic yellow fever prevails, dengue soon disappears and is blended with the prevailing epidemic. When it is developed in a neighborhood, town or city, it diffuses itself through the whole population, as an epidemic. Hence it has been considered by most people, and many physicians, as contagious.

Symptoms.—The first are languor, chilliness, pain and soreness of the muscles and tendons of the joints; then follows burning, roasting fever, intense pain in the muscles, limbs and bones, great thirst, with the most persistent nausea and vomiting, with pain in the head, back of the head, and back. The fever continues from one to four days, and then terminates in profuse perspiration, which frees the patient from pain. The pa-

tient now remains exhausted and restless for two or three days, and then the fever will very probably return, if not promptly arrested by the interposition of tonics and antiperiodics. It is often followed by stiffness of the back and limbs, and soreness of the body and muscles.

Treatment.—I usually employ the warm bath, sponging the limbs, thorax and abdomen with water, stimulating embrocations, mustard poultices, or other rubefacients, to the epigastrium, to the back, neck and temples, as a local treatment. As general treatment the following formula, to reduce and suspend the fever:—

℞.	Spts. nitri. dulc.	℥iv.	
	Tinct. opii.	℥ss.	
	Tinct. aconite,	℥j.	M.

Sig. A teaspoonful every two hours until the pain and fever abates or stops.

℞. Hydrarg. chlorid. mitis. ℥ss.
Ft. pulv. No. iij.

Sig. Give one every two hours, by putting upon the tongue dry. Followed in six hours by one ounce of castor oil, or an enema of warm soap suds.

As soon as the fever is suspended I commence with sulph. quinine, according to the following formula:—

℞.	Sulph. quin.	℥j.
	Morph. sulph.	gr. j.

Ft. pill, No. xx.

Sig. One every two hours for two days, unless fever returns. If so, stop them and resume the febrifuge, and begin again with the quinine, as soon as free from fever.

As a tonic to prevent a relapse, I use daily potions of quinine every morning, of three grains each, or comp. tinct. cinchona, a teaspoonful three times a day; and if there is an exsanguineous countenance, a febrifuge as follows:—

℞.	Vin. albi,	℥j	
	Ferri. tart. potassæ,	℥j.	
	Quin. sulph.	℥j.	
	Rhei. pulv.	℥j.	M.

Sig. Shake thoroughly, and take a tablespoonful three times a day.

This has been the prevailing type of fever for the last two months, in the county, New Orleans, and every place where yellow fever was not epidemic, very few escaping.

MADISON MARSH, M. D.
Port Hudson, La.

A Case of Cerebral Injury.

EDS. MED. AND SURG. REPORTER:—

A history of the following case will, I believe, be of interest to the profession.

T. P., aged 18 years, was driving an express, or one-horse spring wagon, on the 28th day of April, 1867. The horse became frightened and ran off, and the young man was thrown under his hind feet, and the wagon passed over his body. I was requested to visit him, and found that he had received some severe bruises about the forehead and face, with several deep incisions, which I proceeded to dress in the way suggested to me as proper at the time. My attention was then called to "an unpleasant sensation at the back of the head," as expressed by the patient. Upon his turning over I found blood issuing somewhat freely from a circular wound near the centre of the occipital bone, penetrating through both tables of the skull, and about one-half inch in diameter. Flowing out with the blood was a white, moderately firm substance, in particles about half the size of a small pea, the whole amounting to something like one or two drachms. This could be nothing else than the substance of the brain, broken up by the penetration through the skull and into the brain of some small hard substane, perhaps the heel of the horse's shoe, or some sharp point of the wagon. I then had Dr. DeBruler, of this city, called in consultation, who unhesitatingly confirmed my view that these were the broken pieces of brain substance issuing from the wound.

Cold water dressings were applied, and the patient was reasonably comfortable, quite as much so as the general soreness would permit, until the third day, when he was taken suddenly with a violent convulsion, which lasted thirty minutes. Upon arriving at the house and finding my patient just coming from under the influence of so terrible a convulsion, I had Dr. Bray called in consultation, and on his receiving a history of the case, he came with instruments prepared to trephine my patient, but by this time the latter was comfortable, rational, even cheerful. We agreed to defer the use of the trephine, for the present at least, but use it at any future time the symptoms might call for the operation. They have never yet returned.

I continued to visit him until the 8th day of May, and on my visit the last named date, just ten days from the date of injury, I was told that he had gone out to take a walk, and was out of sight of his house. From the day of the convulsion up to the day of my last visit, he had not manifested an untoward symptom, and from that time to the present, a period of nearly six years, he has persistently followed, through winter and summer, the avocation of express driver in this city, and only complains occasionally of a neuralgic pain about his head.

J. W. COMPTON, M. D.
Evansville, Ind., November 10th, 1873.

NEWS AND MISCELLANY.

Personal.

—The Frankfort, Ky. *Yeoman* narrates thusly:—

Dr. C. C. Graham, 90 years of age, entered our town last Saturday afternoon, having walked from North Benson Depot, and zigzaged the creek for more than ten miles, packing a heavy load of fossils, which he

gathered by the way for the museum belonging to the Kentucky free library of Louisville, which he is building up. The Doctor was born in 1784, in a fort, surrounded by savages and wild beasts, and has lived to see the vast West, to the Pacific Ocean, grow up with a swarming population. He has slept under the same roof with Boone, Clark, Harrod and Ray, and from his present appearance and vigor of mind and muscle, may live twenty years yet.

—Dr. Ben. S. Gillespie, a native of Kentucky, and medical inspector on General Preston's staff during the war, died lately at Helena, Ark.

The Everlasting Pill.

The Everlasting pill of the ancients consisted of metallic antimony, which, Dr. Paris says, being slightly soluble in the gastric juice, was supposed to exert the property of purging as often as it was swallowed. Strange theory! just imagine *one* pill for the repeated use of a whole family for their lives. Can modern homœopathy boast of anything equal to this?

Philadelphia County Medical Society.

The next conversational meeting of the Philadelphia County Medical Society will be held at the Hall of the College of Physicians, Wednesday, December 24th, 1873, at eight o'clock P. M. The subject for the evening will be "Tracheotomy in Pseudo-membranous Croup;" and the narration of a successful case. To be opened with remarks by Dr. M. O'Hara. All regular practitioners of medicine in the city are cordially invited to attend.

Quackeries.

They do these things better in Paris. Application must be made to the Academy of Medicine to sell secret nostrums. At a late meeting a number of individuals applied. One of them, named Meyer, had declared he had found out a salve which cured all sorts of inflammation, from toothache to pulmonary phthisis. Another, a pharmacien, asserted he had discovered a means for curing hydrophobia before its development. Another had presented vermifuge cakes, and gloves made with cats' hair. A dyer, "grown too old to continue his trade," had invented a paste for corns and bunions and an elixir for the teeth. A fourth would-be benefactor of suffering humanity had sent in a complete course of pathology "for the benefit of man and animals," wherein a certain cure was to be found for hydrophobia, corns on the feet, angina, and the typhus of cattle. One Paquier had suggested the use of magnetized camphor ointment and camphor water, endowed with marvelous properties, and "calculated to supersede the medical man." They were all cut off with a stroke of the pen, and sent to join the annual lot of ignored and discomfited applicants.

Typhoid Fever.

The typhoid fever is reported to have become epidemic in Montreal, at least in the higher levels, and its prevalence seems to be widespread in the surrounding country. The *Witness*, of Saturday, says: "The type of the disease which is among us has laid whole families low, and that in cases where there would be the least suspicion of the ordinary causes, such as defective drains, etc. Although seldom fatal, its course is long and painful, sometimes prolonging the agony for months.

Mistake in the Patient.

Occasionally our medical inferences are at fault. There was once an irascible old colonel, who was in the habit of prescribing for himself. He ordered a fair dose of rhubarb, ginger, and magnesia, to be prepared in the form of pills. Made with the greatest care a bolus was the result, three of which were to be taken at night. The conscientious assistant dispensed them not wisely but too well, for wishing to be entirely safe he sent them out labeled "Pills for the dog." There was thunder in the atmosphere next morning.

The German Apotheker Verein.

The meeting of the German "Apotheker Verein" this year, at Cologne, was remarkable beyond its predecessors for the great number of important subjects discussed, relating not only to pharmacy proper, but also to other subjects of hygiene and public health; also for the valuable character of the scientific and practical pharmaceutical discussions which took place, and for the excellence of the display of technical apparatus which had been collected for inspection.

Journalistic Amenities.

The *British Medical Journal* likens the *Lancet* to a potato, the best of which is under ground. The similitude is an amiable compliment to the *Lancet's previous* editors.

—During the quarter ending the 31st of March, the births in Ireland numbered 38,885, the deaths 30,883, and the emigrants 12,726. This shows that the population of the country is decreasing at the rate of 19,000 per annum.

—A Colorado paper quotes an instance of the restorative effects of the climate of that State. It says an Ohio lady, who could not sweep her room at home, after her arrival in Colorado, was able to chase her husband a mile with a pitchfork, when she caught him walking with a pretty neighbor.

—A hospital surgeon, who gave medical advice through the columns of a newspaper, has been severely scored by the English medical press.

—The 14th of November was the first day for several months in which no death from cholera was reported in Berlin.

OBITUARY.

Dr. WILLIAM MAYBURY.

At a conversational meeting of the Philadelphia County Medical Society, held December 10th, 1873, Dr. J. G. Stetler offered the following resolutions, which were unanimously adopted :—

"*Whereas*, It has pleased Providence to remove from our midst Dr. William Maybury, whilst still in the vigor of life and usefulness; therefore be it

"*Resolved*, That the Philadelphia County Medical Society has heard with unfeigned regret of the demise of our late fellow-member, and one of its honored ex-presidents.

"*Resolved*, That in the death of Dr. Maybury, this Society, as well as the profession at large, has lost an active and valuable co-worker; one who has always stood up for the elevation, rights, dignity, and ethical honor of the profession.

"*Resolved*, That we hereby tender our sympathy and condolence to the bereaved and afflicted family, for this severe dispensation of Providence.

"*Resolved*, That a copy of the preceding preamble and resolutions be transmitted to the family of the deceased."

Dr. A. C. CORSON.

Dr. Adam Clarke Corson, formerly of New York, son of Rev. Robert Corson, was born in Canada, January 20th, 1839. He received his education at the Victoria University at Cobourg, Canada West, and graduated in the Medical Department of that Institution in the year 1864. He then came to New York, and was for some months in the City Hospital, after which he served as U. S. Surgeon at the Army Hospital at Willet's Point, L. I. In 1866 he received the degree of Doctor of Medicine from the College of Physicians and Surgeons, New York when he resigned his position at Willet's Point, to accept the position of Surgeon on the S. S. Fulton, running between New York and Havre, France. While in this service he made many acquaintances and friends, among whom he met a Miss Henrietta H. Cone, daughter of Wm. R. Cone, Esq., of Hartford, Conn., who he married in August, 1867. Two children were born to them, the youngest of whom survives him, with his widow, to feel his loss. He resigned his position of Surgeon on the Steamer in October of that year, and settled in New York, opening an office at 327 Lexington Avenue. While practicing here he held different positions; he was Medical Examiner to the Ætna Life Insurance Company, was district physician to out-door poor, was Surgeon to the 1st Regiment, N. G., S. N. Y., was connected with the New York and the North-eastern Dispensaries, and was one of the originators and attending physicians to the dispensary of the Church of the Holy Trinity, Stephen H. Tyng, Jr., Rector. November, 1870, he went with his family to Europe, returning in May, 1872. In the autumn of that year he decided to settle in Hartford, Conn., where he was rapidly gaining a fine practice, but the severity of the winter and untiring devotion to his practice undermined his health, and in April, 1873, he became the victim of, then in Hartford almost, an epidemic, Cerebro Spinal Meningitis, of which he died October 6th, 1873.

Dr. Corson was singularly fitted for his profession, loving it for itself, not for its pecuniary advantages. He was greatly esteemed by a large circle of friends, both rich and poor, and to the latter he was always a sympathizer, counselor and friend.

His character was pure and lovely; never was he seen other than a christian gentleman. He was thought much of by all his brother practitioners, and though he came among them a stranger, but recently, their sorrow for his death was deep and heartfelt, and his loss was felt not only as a man but as a physician. His funeral was largely attended, all medical societies of which he was a member attending in a body, and amongst those who crowded around his grave none mourned more truly than a group of poor people, who he had attended in severe illness, and who wept because their "best friend had gone." C. W. B.

MARRIAGES.

Angell—Taylor.—In New Orleans, November 8th, 1873, at the residence of the bride's uncle, by the Rev. John Mathew, Dr. Charles P. Angell and Miss Emma Taylor.

Bleistein—Deatrick.—By Rev. B. W. Slagle, at Defiance, November 17th, 1873, Dr. John H. Bleistein, of Duncannon, Pa., and Miss Lottie A. Deatrick, of Defiance, O.

Miller—Giesy.—By Rev. E. G. McKinley, Nov. 13th, at the parsonage, in Ligonier, M. W. Miller, M. D., and Miss Ella E. Giesy, both of Ligonier, Pa.

Millick—Hahn.—On November 20th, at their home, No. 819 N. Second street, by the Rev. P. S. Henson, John W. Millick, M. D., and Miss Lizzie Hahn, both of this city.

Taneyhill—McAllister.—In New York, November 20th, by Rev. William McAllister, assisted by Rev. C. N. Sims, D.D., G. Lane Taneyhill, M. D., of Baltimore, and Carrie A. McAllister, only daughter of the officiating clergyman.

Weaver—Righter.—In the Presbyterian Church at Mauch Chunk, by the Rev. Edsall Ferrier, W. W. Weaver and Anna M. Righter, daughter of the late Dr. W. W. Righter.

DEATHS.

Emery.—Of typhoid fever, September 28th, at her residence, near Dunningsville, Pa., Mrs. Annie Graham, wife of Dr. Boyd Emery, aged 56 years.

Gebhard.—In this city, on November 30th, 1873, Dr. Lewis P. Gebhard, in the 83d year of his age.

Graves.—Dr. John W. Graves, physician to the hospital connected with the manufacturing companies in Lowell, Mass., died November 28th. He was born in Deerfield, N. H., in 1810.

McKeene.—Dr. James McKeene, of Topsham, Me., died November 28th, at the age of seventy-six years. He was a graduate of Bowdoin College, receiving his degree of M. D. at Harvard College in 1820; was Professor of Obstetrics in Bowdoin from 1825 to 1839, and at the time of his death was one of the Overseers of the college, and a member of the Maine Historical Society.

McLaughlin.—In New York city, 138 East 28th street, on November 25th, of diphtheria, Dr. Thomas R. McLaughlin, in the 30th year of his age. His remains were taken to Lewisburg, Pa.

Pierce.—In South Royalton, Vermont, November 11th, Dr. Albigence Pierce, aged 84 years.

Reading.—On December 2d, at the residence of her son, John G. Reading, in this city, Mrs. Eleanor Reading, widow of the late Joseph Reading, of Hunterdon county, N. J., and daughter of the late Dr. John F. Grandin, of the same county and State, in the 88th year of her age.

Woodward.—Dr. Rollin C. M. Woodward, a leading physician and esteemed citizen of St. Albans, Vermont, died November 21st, at the age of fifty-four.

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